BINDING

MARGIN

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Furmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken the first line will be sufficient, e. g., Farmer or Plunter, whatever, write None. Housemuid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom. Never return "Laborer," "Foreman," "Mauager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthfulness of various parsuits can be known. The ques-Statement of Occupation Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day

Typhoid fever (never report "Typhoid pneumenia") spiral meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospina to time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with respect Lobar pneumonia, Bronchopneumonia ("Pneumonia, fever (the only definite synonym is "Epidemic cerebro Statement of Cause of Death-Name, first, the DIS

> ment of cause of death approved by Committee on head of "contributory." quenees (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Nomenclature of the American Medical Association.) Poisoned by carbolic acid—probably suicide. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF discases resulting from childbirth or misearriage as rhage," "Inanition," "Marnsmus," "Old Age," "Shock," Examples: as probably such, if impossible to determine definitely. taken. State cause for which surgical operation was under-"Puerperal septicuemia." "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions." symptomatle), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated nuless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-...... (uame origin; "Cancer" is less definite; avoid (secondary or Whooping cough; -accident: Revolver wound of head-homicide; FOR VIOLENT DEATHS STATE MILANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Accidental drowning; Struck by railway Never report mere symptoms or terminal intercurrent) affection need not be Chronic valendar heart disease; Carcinoma, Sarcoma, etc., of (Recommendations on state-Example: Measles (disease The na-(merely (seeond-

the certificate is permanently filed. ence. All the data is essential and must be obtained before tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-

No. 1

8

N. B.

1PLACE OF DEATH	STATE OF MARYLAND 70
County Halford	(1931) CERTIFICATE OF DEATH 60
	Registration Dist, No.
Village or City Fallston (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME II - stead of street and number.)
2FULL NAME TO MU 52 CL	example.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED Have	16 DATE OF DEATH (1925), 1925 0
Male Mule OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH July 17, 1860	17 I HEREBY CERTIFY, That I attended the deceased from LPril 25 1930 to Output 12, 1930 that I last saw h (Malive on Output 12, 1943)
(Month) (Day) (Year)	and that death occurred on the date stated above, at
7 AGE   If LESS than   I dayhrs. ormin.?	The CAUSE OF DEATH * was as follows: Bladder
8 OCCUPATION (a) Trade, profession or January.	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs mos mos
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration)
10 NAME OF	(Signed) Kuyle F. Bradley M. D.
FATHER WILL Clerander	ang 16 1930 Address) Jan rettoullam
OF FATHER  (State or country)	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Wasterna, Mellean	18 LINGTH OF RESIDENCE (For Mospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the State yrs
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
De atel fel and s	Former or usual residence
(Information four Celebration	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Fallslow Mud.	I John Call. Lem. leng 18. 1930
15 Filed aug 16 1980 1 E Richardson Registra	Harsleiges & Goos Renson and
	r, 18 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocsary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective cf should be used only when needed. As examples: (a) additional line is provided for the latter statement; it state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Ilousewife, Ilouseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia,"

REACHT

(secondary or intercurrent) affection need not be streed unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sareoma, etc., of "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Echaustion," "Heart failure," "Haemorrhage," Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," elediseases resulting from childbirth or miscarriage as "E::haustion," causing death), 29 ds.; Bronehopneumonia (secondary), Whooping tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic valvular heart disease; etc. The contributory affection need not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSI-

PLACE OF DEATH

Village or City

PERSO

3 SEX

7 AGE

RENTS

4

8 OCCUPATION

9 BIRTHPLACE (State or country)

10 NAME OF

FATHER

11 BIRTHPLACE

OF FATHER

12 MAIDEN NAME

OF MOTHER

(State or country)

(a) Trade, profession or particular kind of work

(b) General nature of industry business, or establishment in Dwhich employed or (employer)

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward)

(If death occurred in a hospital or institution, give its NAME in of street and

1923

deceased from

...., 192.....

192.....

JLL NAME JOURNAL TO THE STATE OF THE STATE O	number
NAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT
4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Writesthe word)	16 DATE OF DEATH  (Month)  (Dsy)
(Monyh) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the
	and that death occurred on the date stated above, at

(Signed)

1. 1	1 1
Ceretz	El gary o- plage
	(Duration) yrs mos
Contributory Secondary	/
Secondary	

Disease Causing Death, or, in/ deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH	OF	RESIDENCE	(For	Hospitals,	Institutions,	Trans
ients or R	ecen	Residents)				

of deathyrsmosds.	In the State	yrsmos	ds
Where was disease contracted,			

Former or

19 PLACE OF BURIAL OR REMOVAL Abingdon M.E. Cemetery

DATE OF BURIAL May 10

20 UNDERTAKER

Howard K. McComas.

Abingdon Md.

ADDRESS

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Grocery; The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; nephrilis, etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND Exact statement of SICIAN CERTIFICATE OF DEATH County Registration Dist. No. fit death accurred in .....Ward) a hospital or institution. give its NAME instead of street and number. ] EXAC RECO MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE 16 DATE OF DEATH 3 SEX 4 COLOR OR BACE stated MARRIED, VENT WIDOWED OR DIVORCED (Month) properly certificate That Wattendededeceased from should be 6 DATE OF BIRTH PER Z that I last saw h..... alive on (Year) pe (Month) (Day) If LESS than TAGE of may 1 day, .... hrs. O The CAUSE OF DEATH \* was as follows: min. ? 4 OCCUPATION (a) Trade, profession, or supplied particular kind of work. 05 (b) General nature of Industry terms, business, or establishment in carefully which employed (or employer Contributory BIRTHPLACE (State or country) See in 10 NAME OF pe 2 FATHER (Signed) pino Important I ENTS II BIRTHPLACE 1-OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT 9 CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL. SUICIDAL OF INJURY. (State or country) W LL SE OF DE 12 MAIDEN NAME oc Ad OF MOTHER I FNCTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, CAUSE 13 BIRTHPLACE to the At piace OF MOTHER State, 17 (State or country) ..... yro. ..... mos. Every item of in should state CAI OCCUPATION Where was disease contracted. tf net et place of death? usual rootdonce DATE OF BURIAL OR REMOVAL PLACE OF (Address 15 20 Filed

REGISTRAS

Vi more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

2

(Year)

[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH, write None. state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons camployed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Hauseheepers "Foreman," "Manager." "Dealer." etc. without more precise specification as Day laborer. Furm laborer. Laborer business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed of the second statement mobile factory. mill; (a) Salesman, (b) Grocery: (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. noss of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Architect, At home. Care should be Never return "Laborer," Locomotive engineer, Civil etc. without more If retired from

Statement of Cause of Death—Name, first, the DISDASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spiholid fever (never report "Typhoid pneumonia"); Inhair preveronia. Bronchopneumonia ("Pneumonia, menin-unqualified. is indefinite); Tuberculosis of lungs, menin-

BURRAU

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible genital," "Senile," etc.), "Dropsy," "Exhaustion, "Heart failure," "Haemorrhage," "Inanition," "Marasstate MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. State cause for which birth or miscarriage as "Puenpenal septichaemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important. Example: Meastes (disease causing death), 29 ds.; Broncough; Chronic valvular heart disease; Chronic interstities "Anaemia" (merely symptomatic), "Atrophy," nephritis, ctc. "Tumor" for malignant neoplasms); Mcustes; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-"Coma," The nature of the injury, as fracture of skull, The contributory (seeondary or intereur-"Convulsions," carbolic acid-probably "Debility" ("Con-ACCIDENTAL,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact LORD Y, WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BY WRITE V. S. No. 1

	PLACE OF DEATH WITHIN CORPORATE LIM County Varyor	33 0494 STATE OF MARYLAND CERTIFICATE OF DEATH
	1 10 11	Registration Dist. No.
certificate.	Village of City AU	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
certi	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	S SEX 4 COLOR OR RACE 5 SINGLE.  MARRIED, MARRIED, MIDOWED.  OR DIVORCED  OR DIVORCED  (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
S OF	Sept 2 , 898	17 I HEREBY CERTIFY, That I attended the deceased from
Instruction	(Month) (Day) (Year) 7 AGE	and that death occurred on the date stated above, at 30 m.
itru	3/ 4 14 1 day hrs.	The CAUSE OF DEATH * was as follows:
See ins	B OCCUPATION (a) Trade, profession or particular kind of work  Wrs. mos. de. or min.?  House Duties	Tubonilio Pobobe
rtant.	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. 3 mos. ds.
0 1	9 BIRTHPLACE (State or country)	Contributory Secondary  Aburation)  yts. mosds.
very	10 NAME OF Venry O Harlan.	(Signed) The Xlerice of M. D.
0 0 0	II BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME)	*State the Disease Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAT	of MOTHER Price Fughes	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
0000	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmss.
0	4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
ent	(Informant) Allen Inderso	usual residence
statement	(Address) Charles town Md.	Westyan Chapel Jan 19, 1930
<u>ග</u>	Filed Jan. 18, 1930 Chas J. Foly D. D.	20 UNDERTAKER ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS
	If more bianks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it business, that fact may be indicated thus; Farmer (reer," etc., Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits ean be known. The quescupation is very important, so that the relative healthwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Statement of Occupation-Precise statement of oc-Housemaid, etc. Foreman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-(b) Cotton mill; (a) Salesmon, At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation (b) Automobile fuetory. The inaterial If the occupation has been changed -Coal mine, etc. 6) Grocery

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "(Toup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> American Medical Association.) approved earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (Recommendations on statement of cause of lelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from ehildbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasins); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Aceidental drowning; Struck by railway train-(secondary Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Careinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, by or intercurrent) affection need not be " "Marasmus," "Old Age," "Shock," Committee on Nomenclature Chronie valvular heart disease Example: Measles (disease etc. The Always qualify all contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

N. B.—Every item of Information should be carefully supplied. ACE chould be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of <u>certificate</u>. CORD Y, WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED TOR PHOING WRITE

V. S. No. 1

PLACE OF DEATH  County Hanford	(15621) STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 182
Village or City Bel Cu Muc(No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE  5 SINGLE, MARRIED, MIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  May 15, 1930  (Month) (Day) (Year)
6 DATE OF BIRTH  Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1929 to MAY. 15-30 192 192 192 192 192 192 192 192 192 192
7 AGE    If LESS than   I day hrs.   g de.   or min.   B OCCUPATION   G   or min.	,
(a) Trade, profession or farticular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE	(Signed)  (Durstion)  (Durstion)  (Durstion)  (Durstion)  (Signed)  (Signed)  (Address)  (Address)  (BEL AIR
OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  OF MOTHER  (State or country)  Md  Md  Md  Md  Md  Md  Md  Md  Md  M	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place In the State yrs mos descriptions of death of the State of the State of death of the State of death of the State of t
(Informant) Mrs Eliza P. Andusm  (Address) Bela Mad  Filed May 17 1930 Inginia E. Chambers  Registrar	Where was disease contracted, if not at place of des.h?

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it. nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is necesetc., Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer. Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the (6) Grocery;

Statement of Cause of Death—Name, first, the DISE EACE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal forer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Tneumonia,"

> (Recommendations on statement of cause of approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL perdonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure," "Ilaemorrhage," "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-(secondary Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) affection need not be ess important. Example: Mcasles (disease Chronic valvular heart discase; etc. The contributory Measles.;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

very important.

PARENTS

7 AGE

8 OCCUPATION

9 BIRTHPLACE (State or country)

10 NAME OF

11 BIRTHPLACE

OF FATHER

13 BIRTHPLACE OF MOTHER

14 THE ABOVE IS TRUE TO

(Address

(Informant)

(State or country) 12 MAIDEN NAME OF MOTHER

(State or Country)

(a) Trade, profession or particular kind of work

(b) General nature of indus

business, or establishment in which employed or (employe

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

(If death occurred in a hospital or institu-tion, give its NAME is stead of street and number.)

	***********************	,	

	***************************************
ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RACE SINGLE, MARRIED, MIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Mes 26, 1923-
(write the word)	(Month) (Day) (Year)
ub 15 , 1876	Mess 19 1923 lto Mas 26, 19226.
(Month) (Day) (Year)	thet I last saw h Walive on Mar 20, 19236,
[If LESS than	and that death occurred on the date stated above, at
/	The CAUSE OF DEATH * was as follows:
mos. ds. or min.?	
Noresurch.	Browles-Purinoina
try /	7
1 27)	(Durstion)ds.
y bud	Contributory Secondary  Duretion)
Taltot	(Signed). M. D. MARY 2 1920 (Address) Electrical
Way land	*State the Discase Causing Death or, in deatha from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
eld lugherson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
lay level	At place of deathyrsmosds. In the Stateyrsmosds.
E BEST OF MY KNOWLEDGE	Where wes disesse contracted, if not at plece of dea.h?

Former or usuel residence

20 UNDERTAKER

PLACE OF BURIAL OR REMOVAL

If more blanks are needed, address Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

DATE OF BURIAL march 30

ADDRESS

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a (a) Foreman, (b) Automobile factory. The material report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is loss definite; avoid approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-WhoopingAmerican Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEPARTMENT OF COMMERCE STANDARD CERTIFICATE OF DEATH BUREAU OF THE CENSUS state OCCUPA 1 PLACE OF DEATH Registered No State Married should County ..... Township 10 (If death occurred in a hospital or institution, give its NAME instead of street and number) statement PHYSICIAN 2 FULL NAME Gorgeo Arnomana Private Biry "F" Care CA U.S. Army ASN 6702263 Exact How long in U. S., If of foreign birth? yrs. ds. Length of residence in city or town where death occurred RECO MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 19 30 16 DATE OF DEATH (month, day, and year) RMANENT clessified EXACT Male I HEREBY CERTIFY, That I attended deceased from 5a If married, widowed, or divorced HUSBAND of (or) WIFE of that I last saw harman alive on -----4.30 P. 6 DATE OF BIRTH (month, day, and year) and that death occurred, on the date stated above, at d 7 AGE Years Months If LESS than The CAUSE OF DEATH\* was as follows: ທ 1 day, ---- hrs. Accidental drowning or .... min. 0 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work--SOLUTER --- (duration) ----- yrs. ----(b) General nature of Industry, 20 business, or establishment in supplied CONTRIBUTORY which employed (or employer) ---(SECONDARY) (c) Name of employer (duration) ---- vrs. ---- mos. ---18 Where was disease contracted te 9 BIRTHPLACE (city or town) if not at place of death?-----(State or country) Did an operation precede death? ----- Date of -----10 NAME OF FATHER Ë Was there an autopsy2 --- \ importan What test confirmed diagnosis? 11 BIRTHPLACE OF FATHER (city of town) (State or country) DE BORD CONTRACTOR should very 12 MAIDEN NAME OF MOTHER . 19 (Address) L. UNAMOUS Ö \* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.) 13 BIRTHPLACE OF MOTHER (city or town La known W WRITE CAUSE (State or country) MOIL 19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL Gast. A. A. Allen. Informant Aberdeen Freving Ground 19 (Address) 20 UNDERTAKER **ADDRESS** SVYO REGISTRAR

ā

П

ESI

Œ

[Approved by U.S. Census and American Public Health Association]

examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The mafireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of occupation has been changed or given up on account of cifically the occupations of persons engaged in domestic school or At home. Caro should be taken to report speor At home, and children, not gainfully employed, as At household only (not paid Housekeepers who receive a work and also (b) the nature of the business or industry, occupations a single word or term on the first line will be each and every person, irrespective of age. have no occupation whatever, write None. cated thus: Farmer (retired, 6 yrs.). of illness. If retired from business, that fact may be indithe disease causing death, state occupation at beginning service for wages, as Servant, Cook, Housemaid, etc. If the definite salary), may be entered as Housewife, Housework, Women at home, who are engaged in the duties of the Day laborer, Farm laborer, Laborer-Coal mine, "Dealer," etc., terial worked on may form part of the second statement. statement; it should be used only when needed. and therefore an additional line is provided for the latter itor, Architect, various pursuits can be known. The question applies to tion is very important, so that the relative healthfulness of Statement of occupation .- Preciso statement of occupareturn Locomotive engineer, Civil engineer, Stationary "Laborer," "Foreman," "Manager," without more precise specification, Farmer or Planter, Physician, For persons who For many Compos-

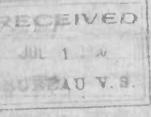
causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomand causation), using always the same accepted term for CAUSING DEATH (the primary affection with respect to time be stated unless important. Example: Measles (disease tributory (secondary or intercurrent) affection need not neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitual nephritis, etc. The concer" is less definite; avoid use of "Tumor" for malignant cinoma, Sarcoma, etc., of nite); Tuberculosis of lungs, meninges, peritoneum, etc., Car-Bronchopneumonia ("Pneumonia," unqualified, is indefi-(never report "Typhoid pneumonia"); Lobar pneumonia; gitis"); Diphtheria (avoid use of "Croup"); Typhoid fever definite synonym is "Epidemic cerebrospinal meninthe same disease. Statement of cause of death .- Name, first, the DISEASE Examples: Cerebrospinal fever (the only - (name origin; "Can-

> SUICIDAL, or HOMICIDAL, or as probably such, if impossible which surgical operation was undertaken. For VIOLENT of the American Medical Association.) cause of death approved by Committee on Nomenciature "Contributory." (Recommendations on statement of nature of the injury, as fracture of skull, and consequences homicide; Poisoned by carbolic acid-probably suicide. Struck by railway train-accident; Revolver wound of headto determine definitely. Examples: Accidental drowning; DEATHS State MEANS OF INJURY and qualify as ACCIDENTAL, ing from childbirth or miscarriage, as "Puerperal septitained as the cause. Always qualify all diseases result-"Weakness," etc., when a definite disease can be ascertion," "Marasmus," "Old age," "Shock," "Uremia," "Exhaustion," "Heart failure," "Hemorrhage," "Inaniatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," (e. g., sepsis, tetanus) may be stated under the head of " "PUERPERAL peritonitis," etc. State cause for

None.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulcions, hemorrhage, gargene, gastritis, erysipeles, meaningitis, miscarriage, necrosis, peritonitis, phiebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

11-313

Additional space for further statements by physician.



ANENT WITH UNFADING INK--THIS IS A FOR MARGIN RESERVED

V. S. No. 1

PLACE OF DEATH	12487 STATE OF MARYLAND
County Harford	CERTIFICATE OF DEATH
	Registration Dist. No. 183
Village or City White Hall,	yangland St.: Ward) (If death occurred in
	tion, give its NAME i
2FULL NAME Joseph Norm	stead of street and
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH
WIDOWED.	1 Clobes 16, 1930
male white Write the word Sun	(Month) (Day) (Year)
0 /	100 4-
(Month) (Day)	Year) that I last saw halive on, 192
AGE	S than and that death occurred on the date stated above, at 2
7 5 yrs. 2 mos. 1 ds. or	hrs. The CAUSE OF DEATH * was as follows:
Z Syrs. Z mos. L J ds. or	min. Gulombare alludent cause
(a) Trade, profession or particular kind of work	Malland State of Shull
(b) General nature of industry	Valeraling of weall & face with
business, or establishment in tarmer which employed or (employer)	hemorhage (Duration) Instantly de
BIRTHPLACE	Contributory Secondary
(State or country) Harfred Co Ind	(Derglion) yrsmosde
FATHER J. liston ayus	(Signed), Isla C. Ciftes M. C.
11 BIRTHPLACE	Oct 16, 1930 (Address) While Hall M
OF FATHER (State or country) Harford Co. had	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
OF MOTHER May Mulleneary	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents)
OF MOTHER )/ / / /	At place in the of death yrs. mos. ds. State yrs. mos. ds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
3	Former or usual residence
(Informant) An g. lepton leyers	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) white Itall had	and Charles Och 18 150
5 0+1 20 Th P. B.	2D UNDERTAKER ADDRESS
Filed Let 17 1920 [homas ]. Brou	P. Markline Now WhileHell had
If more banks are needed, address State Re	egistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from guged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborerbusiness, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, House Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, worked on may form part of the second statement. Foreman, For many occupations a single word or term on without more precise specification as Day (b) Automobile factory. The material Stationary fireman, etc. But in many -Coal mine, etc. Wom-Grocery;

Statement of Cause of Death—Name, first, the DE-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diselse. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"); Lobar pneumonia, Brouchopneumonia ("Pneumonia,")

> telenus may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart lanure, "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid carbotte acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death "Uraemia," "Weakness," etc., when a definite disease "Debility" (secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-Whooping Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage as ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage," cough; Chronic Example: Measles (disease etc. affection nced not be ralvular heart The contributory disease;

If this certificate is looked over thoroughly and all questions augmered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

R

classified.

See instructions on back

that it

plain

		1PLACE OF DEATH	
		County Harford	
	Vil	llage or City Belan Mil (No	42
	-	PERSONAL AND STATISTICAL PARTICULARS	-
	3 s	male White SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	
1	6 [	DATE OF BIRTH	
		(Month) (Day (Year)	1
	7 A	73 yrs. 8 mos. ds. lf LESS than l day hrs. or min.?	
	(I) (I)	a) Trade, profession or articular kind of work.  b) General nature of industry usiness, or establishment in thich employed or (employer)	
	9 E	SIRTHPLACE (State or country) Md	
		10 NAME OF Slenn McComas	
	RENTS	OF FATHER (State or country)  (State or country)	4 . 7
	PAR	OF MOTHER Kattern Permister	
		13 BIRTHPLACE OF MOTHER (State or Country)	
	14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	1
		(Informant) Mis Dev Torsyttie	1
		(Address) Belai Omd	
	15	Filed Dec 20 1930 O. E. Chambers	NA I

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

(If death occurred in a hospital or institution, give Its NAME is stead of street and number.) MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) I HEREBY CERTIFY, That I attended the deceased from and that death occurred on the date stated above, (Duration) Contributory Secondary (Duration (Address) Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homlcidal, 8 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the of death Where was disease contracted. not at place of dea.h?

sual residence

If more blanks are needed, address Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Dani.

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as any laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cooling work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons ennner, (b) Cotton mill; (a) Salesman, (b) Grocery: Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebros pinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dis fever (the only definite synonym is "Epidemic cerebro" to time and causation), using always the same accept-Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Bronchopneumonia ("Pneumonia,

> "tetanus) may be stated under the head of "contributory." American Medical Association.) (Recommendations on statement of cause of death carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease stated unless important. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. approved by Committee on Nomenclature of the accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; nephritis, etc. The contributory

-answ data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all questions vered in detail, it will prevent further correspondence.

(Approved by U. S. Census and American Public Health Association.

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) (irenery, should be used only when needed. As evamples: fulness of various pursuits can be known. Statement of Occupation-Precise statement of oc whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. to report specifically the occupations of persons played, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the additional line is provided for the latter statement : it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, et . But in many Physician, Compositor, Archilect, Locomotive engineer the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective or cupation is very important, so that the relative health Foreman, to know or At Home, and children, For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day (a) the kind of work and also (b) (b) Automobile factory. The materia If the occupation has been changed not gainfully em-The ques-

Statement of Cause of Death—Name, first, the diservalue of Cause of Death—Name, first, the diservalue of Causing always affection with respect to time and causation), using always the same accepted term for the same diservalue. Examples: Carebros final fewer (the only definite synonym is "Indemic cerebros spinal menic itis"); Diphtheria avoid use of "Crous"; Typhoid fewer (never report "Typhoid Pneumonia"; Lobor sneumonia Bronchopneumonia ("Pneumonia"; Lobor sneumonia

approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., segsis, letanus) may be stated under the head of "contributory". carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Traemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debilit," ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic Chronic interstitial nephrilis, use of "Tumor" for malignant neoplasms); Meusles; inges, peritonaeum, etc., Carcinoma, Sarcoma, American Medical Association.) can be ascertained (secondary unqualified, Examples: Accidental drowning; Struck by railway train FOR VIOLENT DEATHS State MEANS OF INJULY (name origin; "Cancer" is less definite; avoid or intercurrent) affection is indefinite); Tuberculosis of lungs, men-Committee on Nomenclature of the as the cause. Always qualify all Example: Measles (disease etc. The contributory valvular heart disease; need not etc., of

If this certificate is Inoked over thoroughly and all questions answered in detail, it will prevent further correspondence. ....the data is essential and must be obtained before the cartificate is permanently filed.

N. B.-Every item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly plassified. Exact K, WITH UNFADING INK--THIS IS A PERANENT MARGIN RESERVED FOR BIMPING WRITE

V. S. No. 1

PLACE OF DEATH COUNTY HANGON	0931 STATE OF MARYLAND CERTIFICATE OF DEATH
County WITHIN CORPORATE LI	Registration Dist. No. 185
Village or City Har Bruce (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME In
2 FULL NAME James (Salderson.	stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 3/ 1930 (Month) (Day) (Year)
Cerry 3/ 1/3/) (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased fro  Aug 31 1930 to Aug 31 , 1937  that I last saw hereaslive on Aug 31 , 1937
7 AGE   If LESS than   1 day hrs.   ds. or /6 min.?	and that death occurred on the date stated above, at 3.4.6
8 OCCUPATION (a) Trade, profession or particular kind of work	Planuta pravae
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. mos
9 BIRTHPLACE (State or country) Proce nel	Secondary  Oration)yrs
10 NAME OF Elog & Balderster 111	(Signed). See Thurles M.
State or country) Colora sued	State the Disease Causing Death, of, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Lydia Talune	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tra
13 BIRTHPLACE OF MOTHER (State or Country)  Monglaced	At place of deathyrsmosds. In the Stateyrsmos
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Address) (Address) (Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Sept
15 Filed aug. 31 1980 Chas. J. Foley M. D.	20 UNDERTAKER ADDRESS Liking Sum
If more banks are needed, address State Registra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, additional line is provided for the latter statement; it fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm laborer, Laborer-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the -Coal mine, etc. Wom-(b) Groeery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronehopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Debility" ("Congenital," causing death), 29 ds.; Bronehopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, illity" ("Congenital," "Senile," etc.), "Dropsy, haustion," "Heart failure," "Haemorrhage," peritonaeum, etc., Careinoma, Sarcona, etc., of Never report mere symptoms or terminal condi interstitial nephritis, Chronic valvular heart disease, etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH EXACTLY, P Registration Dist. No. (If doath occurred in a hospitul er instituproperly classof oertificate. tion, give its NAME instend of street and numbor.) stated PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, Parice 3 9/EX 4 COLOR OR RACE 16 DATE OF DEATH WIDOWED. may should Write the word) that I attended the deceased from ee instructions that (Month) (Day) (Year) and that death occured on the date stated above, at ... 7 AGE Ilf LESS than 0 supplied I day hrs. The CAUSE OF DEATH \* was as follows: terms ds. or min.? 8 OCCUPATION (a) Trade, profession or \_ particular kind of work plai (b) General nature of industry business, or establishment in importa (Duration) n which employed or (employer) I Contributory MARGIN 9 BIRTHPLACE Secondary EAT 0 (State or country) 0 10 NAME OF L. 0 S E 11 BIRTHPLACE OF FATHER State the Discase Causing Death, or, in deaths from Wolent Causes, state (i) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. W Z (State or country) AU 0 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate CCUP/ ients or Recont Residents) CCU 13 BIRTHPLACE In the OF MOTHER State yrs ......de. de. (State or country) pino Ö of Where was disease contracted. if not at place of death? of 20 usual residence. Every it CIANS stateme 19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL AKER If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day worked on may form part of the second statement. Never return 'Laborer,'" 'Foreman," 'Manager," 'Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. guged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write None. Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on or At Home, Farm laborer, Luborer-Coal mine, etc. know (a) the kind of work and also (b) the (b) Automobile factory. The and children, not gainfully emmaterial Grocery, Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Iobar meumonia. Bronchopneumonia ("Pneumonia");

atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Exhaustion, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, (secondary or intercurrent) Chronic interstitial nephritis, carbolic acid-probably sucide. The nature of the injury, State cause for which surgical operation was underdiseases can be ascertained as the cause. Whooping cough; approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train American Medical Association.) Recommendations on statement of cause of death .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as Chronic affection need not be etc. The contributory valvular heart disease; Always qualify all "Haemorrhage, Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the cartificate is permanently filed.

2

11

PLACE OF DEATH	04368 STATE OF MARYLAND CERTIFICATE OF DEATH	
County Harford	Registration Dist. No. 181	
Village or City Wherdeen (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instend of street and	
2FULL NAME Mary VI Baldur	number.)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Jemale White Single (Write the word)	16 DATE OF DEATH Gril 24, 194 36.  (Month)—(Day)—(Year)—  17 I HEREBY CERTIFY, That I attended the deceased from	
B DATE OF BIRTH  Hasel 18, 1929  (Month) (Day) (Year)	that I last saw h alive on 192.	
7 AGE   If LESS that   I dayhr   hr   ds. ormin	S. The CAUSE OF DEATH * was as follows:	
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Dente Osterlar Phumales.	
business, or establishment in which employed or (employer)	Lion; temperature 106° (Duration) 1/2mms de.  Contributory andice Taclacke	
(State or country) Maryland  10 NAME OF FATHER Grederish B. Baldwin	(Signed) (Duration) yrs mos de de (Signed) 4 1930 (Address) James and accorded	
OF FATHER  (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	*State the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.	
OF MOTHER Hazel B. Johntford  13 BIRTHPLACE OF MOTHER	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)  At place In the State yrs death death yrs descriptions.	
(State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or usual residence	
(Informant) Mr. Brederick B. Baldwin (Address) Blender Jose	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Sevel Cemeters Good 24, 1920.	
15 Filed afel 24 192 30 Charles Registral	Seven Jaming Sons alerdan My	
If more blanks are needed, addross State Registr	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.	

(Approved by U. S. Census and American Public Health Association.)

en at home, nature of the business or industry, and therefore an additional line is provided for the latter statement: it sary to know the first line will be sufficient, e.g., Fermer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health guged in domestic service for wages, as Scrvant, Cook ployed, as At school, ar At home. Care should be taken worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) should be used only when needed. As examples: a Civil engineer, Michionary fireman, et . But in many Physician, Compositor. Architect, Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Hausemaid, etc. definite salary), may be entered as Hausewife, Househousehold only (not paid Hausckeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Hame, and children, especially in industrial employments, it is necesyrs). Farm laborer, Laborerwithout more precise specification as Day who are engaged in the duties of the Catton mill; (a) For persons who have no occupation (a) the kind of work and also (b) the If the occupation has been changed Salesman. -Coal mine, etc. Locomoline engineer, not gainfully em-(4) (irocery, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepts ed term for the same dise.se. Framples: Cerebrospinal fever (the only definite synonym is ""pidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhaid fever (never report "Typhoid Pneumonia"; Labar meumonia Bronchapneumonia, ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. Chronic interstitial nephritis, approved (Recommendations on statement of cause of tclanus) may be stated under the head of "contributory" as fracture of skull, and consequences (e.g., sersis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of ind-homicide; Poisoned by or as prabably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritanitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Branchopneumonia (secondary), (secondary use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculasis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railing train "Atrophy," "Collapse," "Coma," "Convulsions, perilanaeum, etc., Carcinoma, Sarcama,, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJUNY Λ̈́q cough; Chronic or intercurrent) Committee on Nomenclature of the Example: Measles (disease etc. affection need not be valvular heart disease; The contributory

10.10

may

E chat It at It

Instruction

term

plai

드

(0) Lat

T

EVery

statement

的之

20

Important.

FO

ESERVED

œ

MARGIN

THIS

Z

ITH UNFADING

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs. state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farme (12) or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the (a) Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the (b) Grocery;

Strtement of Cause of Death—Name, first, the first EARS (\*\*105:NG DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

Recommendations on statement of cause of death American Medical Association.) telahus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Sexile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitual nephritis, use of "Tunnor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Starcoma, etc., of ...... (name origin; "Cancer" is loss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No.

PLACE OF DEATH	STATE OF MARYLAND
County Harford	CERTIFICATE OF DEATH
	(96) Registration Dist. No. 84
Village or City Whiteford (No.	St.: Ward) (If death occurred i
2FULL NAME Henry Bauett	tion, give its NAME ir stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Wale While Single, Wilder OR DIVORCED (Write the word)	16 DATE OF DEATH  18 DATE OF DEATH  (Month) /3 (Day) /930 (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h 300, alive on 900 /3 , 1950
7 AGE IIf LESS than	and that death occurred on the date stated above, at
16 (-   l day hrs.	The CAUSE OF DEATH * was as follows:
yrsmosds. ormin.?	Contract with five living
(a) Trade, profession or particular kind of work	Critical way for trace
(b) General nature of industry	Corones pres beside of
business, or establishment in which employed or (employer)	Regligance (Duration) yrs, mos de
BIRTHPLACE	Contributory of Line Company
(State or country) Whileford My U.S. a	(Durstion)d
10 NAME OF FATHER Sarrett Barrett	(Signed). Ly Gy Griffito 110
11 BIRTHPLACE	4 00 10 1923 (Address) 00 00 00 00 00 00 00 00 00 00 00 00 00
OF FATHER (State or country)  U.S. Q	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Rachel Jones	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or country) Whileford Myd U. S. a.	At place In the of death yrs mos ds. State yrs mos de
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
1 On le 11 2 m	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) philippel mil	Seletido Centr nov 15, 132
15 Charle 12 22 21 1 Margarell	20 UNDERTAKER ADDRESS
Filed YOU: 3 19230 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Malestan Dellar

(Approved by U. S. Census and American Public Health Association.)

to report specifically the occupations of persons enlaborer, er," etc., state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid *Househeepers* who receive a definite salary), may be entered as *Housewije*, *House*-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (re Housemaid, etc. If the occupation has been changed Physician, worked on may form part of the second statement. Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, For persons who have no occupation (b) Automobile factory. The Locomotive material engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

telanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as Example: Measles (disease chopneumonia (secondary) etc. The contributory affection need valvular heart Nomenclature not be disease;

It this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is pseential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. CORD (If death occurred in a hospital or institu-Ward) tion, give Its NAME II stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, MARRIED, MARRIED, 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH WIDOWED. (Write the word) 6 DATE OF BIRTH I HEREBY CERTIFY, That Lattended the deceased from instruction (Day) 7 AGE If LESS than and that death occurred on the date Mated above, at I day hrs. The CAUSE OF DEATH \* was as follows: RESERVED de. or min. 8 OCCUPATION 99 (a) Trade, profession or particular kind of work (b) General nature of industry ō business, or establishment in rta (Duration) 3.yrs. which employed or (employer) EATH impor MARGIN Contributory 9 BIRTHPLACE Secondary (State or country) TO 10 NAME OF 34 Shot E OF 11 BIRTHPLACE OF FATHER CAUSI RENT \*State the Disease Causing Death, or, in (State or country) Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. 12 MAIDEN NAME O PA OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transof OCCUPA ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death yrs .....ds. (State or country) Where was disease contracted, if not at place of death?..... of Shou Every Item CIANS sho Former or usual residence DATE OF BURIAL If more banks are needed, addre s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Van Court.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Deal-Spinner, laborer, Foreman, or At Home, and children, For many occupations a single word or term on Farm laborer; (b) Cotton mill; (a) Salesman. (b) without more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia If the occupation has been changed Laborer--Coal mine, etc. Locomotive engineer, not gainfully em-But in many Grocery; Wom-

Statement of Cause of Death—Name, first, the DIS-EACE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal meningitis"); Diohtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart ranney," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tunor" for malignant neoplasms); Measles; American Medical Association.) tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-(secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY cough; Committee on Nomenclature of the Chronic etc. The contributory valvular heart disease; affection need not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

### Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ANENT BINDING FOR Y WITH UNFADING INK--THIS MARGIN RESERVED

PLACE OF DEATH

#### STATE OF MARYLAND

County Thursond	, ~	CERTIFICATE OF DEATH
Village Dr Reyon normasorfile Uld_	mo)	Registration Dist, No. 153  St.: Ward) (If d-ath occurred in a hospital or institu-
2FULL NAME Carrie Barto	n 🗸	tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDIC	CAL CERTIFICATE OF DEATH
Rurale White Single, Married, Widow as OR DIVORCED (Write the word)	16 DATE OF DEATH	Och 8th, 19230.  (Month) (Day) / (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h.	£ 1936, 10 Och \$ , 1930,
7 AGE If LESS than		arred on the date stated above, at
72 yrs. 3 mos. // ds. or min.?	The CAUSE OF DEA	TH * was as follows:
BOCCUPATION (a) Trade, profession or particular kind of work		poplery
(b) General nature of industry business, or establishment in	•••••••••••••••••••••••••••••••••••••••	(Durstion) yrs mos 7 ds.
which employed or (employer)  9 BIRTHPLACE (state or country)	Contributory Secondary	alexis Sclerosis
10 NAME OF John Watter	(Signed) $Q$ a $Q = 10$	O (Address) Jam Free V
of Father (State or country)  (State or country)		listase Causing Death, or, in deaths from
of MOTHER Eurise Low	13 LINGTH OF R	CSIDENCE (For Hospitals, Institutions, Truns-
13 BIRTHPLACE OF MOTHER (State or Country)  Mary land	At place of deathyis	mosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of de	a h?
(Informant) minic trout	usual res.dence	
(Address) Same Some S	19 PLACE OF BURI	6 + POCH 11.1832
15 Filed Oct 9 1930 Thomas C. Brown	20 UNDERTAKER	ADDRESS ADDRESS

If more blanks are needed, addre s tate Negistrar, 16 W. Saratoga St., Bulto., Lequesting V. S. No. I.

00

WRITE

m

ż

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quoscupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective ci report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinul fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Inphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchoppeumonia ("Pneumonia,

"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal condist\_ted unless important. unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping cough; Chronic Chronic interstilial nephritis, ..... (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; Example: Measles (disease etc. The contributory

It this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

6 193 A dita

40V 6

20

ż

15

EXACTLY, PHYSI-	PLACE OF DEATH  County Tayor of  Village or City Don Sorre
NT Stated E)	PERSONAL AND STATISTIC
	Male White
BIM Person at it m	6 DATE OF BIRTH Jeby (Monyth)
FC S IS	7 AGE 83 yrs. 8 m
K-THIS supplied.	8 OCCUPATION (a) Trade, profession or particular kind of work

#### STATE OF MARYLAND CERTIFICATE OF DEATH

7 00			
1-E	Registration	Dist.	No

St.	Ward)	
	 TT CALCA	

(If death occurred in a hospital or institu-tion, give its PAME in-stead of street and number.)

	n n n 111	
Vil	age or City lean normsonle Md-	
	2FULL NAME William M. 1	/
	PERSONAL AND STATISTICAL PARTICULARS	
35	Lale White (Write the word)	1
6 [	Teby = 14, 1847	
	(Month) (Day) (Year)	t
7 A	SE S If LESS than I day hrs. or min.?	2 7
) (p	OCCUPATION ) Trade, profession or ricular kind of work ) General nature of industry	. 9
b	siness, or establishment in hich employed or (employer)	-
9 8	(State or country) Mary land	
	10 NAME OF John Bacton	(
NTS	OF FATHER (State or country) Mary land	
PARE	OF MOTHER Mary alw Moms	4 1
	13 BIRTHPLACE OF MOTHER (State or Country) May laud	
14	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	1
	(1-6-man) / Maria o Kallion	1

16 DATE OF DEATH Och = 84 = , 19230
(Month) (Day) (Year)
17 I HEREBY SERTIFY, That I attended the discased from
OCh , 1-1920 to OCh 8 6, 1920,
that I last saw hu alive on Och, 1920-
and shot look assessed as the data stated shows at 7. A. m
and that death occurred on the date stated above, at
The CAUSE OF DEATH + was as follows:
Chillia Sclerouig
Can supply of limb talds
La
(Durstion) Ourselyrs mos ds.
Jame:
Contributory Secondary
(Duration) Avis. Amos de.
ALGO O STALANTKINS
(Signed) M. D.
Od, 9 1920 (Address) Laun Troop JE
*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
ients or Recent Residents)
At place in the of deathyrsmosds. Stateyrsmosds.
Where was disease contracted, it not at place of dea h?
Former or usual residence
Jaun From M. P. Cineten Oct. 10, 1930.
20 UNDERTAKER IS THE TODRESS PE

If more banks are needed, addre.s. tate Registrar, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

Registrai

(Approved by U. S. Census and American Fublic Health Association.)

sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g.. Farmer or Planter, tion aprlies to e:ch and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neceswhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed Foreman, For many occupations a Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on (6)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., whon a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," (E:haustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. Example: Measles (disease Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY cough; Committee on Nomenclature of the Chronic valvular heart disease; etc. The contributory

	PLACE	OF DEATH			or measure
(	County	word	***********		
		0			
Vill	age or City	Emmo	ulon.	(No	
	2FU	LL NAME K	ém	eth	Sherr
	PERSO	NAL AND ST	ATISTICA	L PARTIC	CULARS
3 5	nale	4 COLOR OR	T.	MARRIED, WIDOWED. OR DIVORC Write the wo	ED rd)
6 D	ATE OF BIR	RTH			
		7	(Month)	28 (Day)	, 1930 (Year)
7 A	GE				If LESS than
8 0	CCUPATION	yrs	4-mo	8	ds. or min.?
(; p	a) Trade, pr articular kir	rofession or ad of work	*****************		**********
b	usiness, or e	nature of indus establishment in	n		
_	IRTHPLACE	yed or (employe	er)		
9 6	(State or co		of. Co.	ma	
	10 NAME (		The	icis B	apulial
S	11 BIRTHPI		9000	are 19	wince
Z	OF FATE	or country)	1.4.		
ARE	12 MAIDER		Q 000	m	al
d	13 BIRTHP		soc B	. // /	ma,
	OF MOT	HER r Country)	Ja		
14		the same of the last of the la	HE BEST O	F MY KNO	WLEDGE
	(Informan	t) / 60 9	1830	arev	rch
		dress) Von	ea. V	Bre	
-	(A)	160	29		1 0

#### STATE OF MARYLAND CERTIFICATE OF DEATH

If more b.anks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Lequesting

Registration Dist. No.

can Barwich	(If death occurred in a hospital or institu- tion, give its NAME is - stead of street and number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH 4	, 150
(Month)  17 I HEREBY CERTIFY, That I att	(Day) (Year) (Year) (Pear) (Pe
and that death occurred on the date stated The CAUSE OF DEATH * was as follows:	
Broncho-Oncumon Secondary to B	
Contributory Secondary	
(Signed) Willard O. Hu Oct 4 1900 (Address) Fores	John M. D.
*State the Discase Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	or, in deaths from ajury and (2) Whether
ients or Recent Residents)	tals, Institutions, Trans
	teds
Where was disease contracted, if not at place of dea h?  Former or usual residence	
Therrille	DATE OF BURIAL
20 INDERTAKEN	Bohla M.

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e. g., Farmer or Planler, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to e:ch and every person, irrespective ci gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Collon mill; (a) Salesman, (b) For persons who have no occupation Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diselse. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Dinktheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia")

> st\_ted unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), (secondar) or intercurrent) affection need not be st\_ted unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, can be ascertained as the cause. Always qualify all approved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Never report mere symptoms or terminal condi-Chronic valvular heart disease, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is necessarial.

permanently filed.

AM 80 100

BUREAU V.

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AANENT , WITH UNFADING INK--THIS IS A PEX MARGIN RESERVED FOR BIN

WRITE

	9	4			
	1	å	_		
	A	۶.,	-	-	١
1	١.	ů	ī.		
	10	2	H		d
	- 43	φ,	MP	Ð	-

PLACE OF DEATH County Varyor	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 185
FULL NAME alm William	St.: Ward)  (If death occurred is a hospital or institution, give its NAME in stead of street annumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Uale White of Write the word)  8 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWED, WIDOWED (Write the word)	16 DATE OF DEATH 7 , 1920 (Month) (Day) (Year)
(Month) (Day) (Year)	that I last saw barraive on 1000 1150 1150 1150 1150 1150 1150 115
AGE  68 yrsmos. 27 ds.   If LESS than   day hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) vrs mos d
(State or country) Mary land	Contributory (MM)— Sch (Liveron Secondary (Duration) Syrs mos d
10 NAME OF John Bauer	(Signed) fame to Bay M. I
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER (WW.) Clay Con	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country).	At place of deathyrsmosds, Stateyrsmosd
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Bollisego Sheet	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  OF BURIAL  OF BURIAL  OF BURIAL  OF BURIAL  OF BURIAL
5 Filed Nov. 13 1930 Chas. J. Joby M.D.	20 UNDERTAKER ADDRESS

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Collon mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dcalwhatever, write None. business, that fact may be indicated thus; Farmel (r Housemuid, etc. If the occupation has been changed worked on may form part of the second statement. Foreman, For many occupations a Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on (b) Grocery

Statement of Cause of Death—Name, first, the present of Cause of Death—Name, first, the present of time and causation), using always the same accepted to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebroschard fever (the only definite synonym is "Epidemic cerebraspinal meningitis"); Diphtheria avoid use of "Crounds Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of American Medical Association.) "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age, Snock, "Uraemia," "Weakness," etc., when a definite disease (secondar Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be Example: Measles (disease

V. S. No. 1

Village or City Christon Mo.	St.: Ward) a (If death occurred in a hospital or institu-
2FULL NAME SMANT BOX	tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MACE WIDOWED.  OR DIVORCED (Write the word)	16 DATE OF DEATH May 28, 1930  (Month) (Day) (Year) 92
6 DATE OF BIRTH  MM 28 , 1930 (Nyonth) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  193 to May 25, 1933,  that I last saw h alive on 192,
B OCCUPATION (a) Trade, profession or particular kind of work	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	(Duration)yrsds.
10 NAME OF FATHER MIRE Bannaki	(Signed) Chillo. (Grandson M. D. Willy 27, 1923aAddress) Sold Do
OF FATHER (State or country)  12 MAIDEN NAME  7	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother ancella Sublitusk  13 BIRTHPLACE OF MOTHER (State or country)  Pland	At place of deathyrsmosds. Use LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfert In the Stateyrsmosds,
(Informant) Mules Bauski	Where was disease contracted, if not at place of dea.h?
(Address) Along don Mh	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ON Farm Man almgolon, may 39, 1930
15 Filed May 29 190 Freed Morloll	Loward K Mcloana aboress
If more hanks are needed address tate Kegistral	r. 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Md

(Approved by U. S. Census and American Public Health Association.)

business. "that fact may be indicated thus; Farmer (re-tired 6 yrs. For persons who have no occupation Spinner, (b) Cotton mill; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed as Al school, or Al home. Care should be taken definite salary, may be entered as Housewife, Househousehold only 'not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealcases, especially in industrial employments, it is neces-Civil ongineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, or At Home, and children, For many occupations a single word or term on Farm laborer. (b,Automobile factory. The Laborer-Coal mine, etc. (a) Salesman. Locomotive not gainfully em-(b) Grocery, materia engineer, Wom-

Strtement of Cause of Death—Name, first, the DISEA, I CAUSENG DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJULY cough; Chronic The nature of the injury, etc. The contributory valvular heart disease; Nomenclature

1 PLACE OF DEATH  County Harford  Village or City Havre de Grace (No. 24	Registration Dist. No. 186  St.: Ward)  (If death occurred in a hospited or institution, give its NAME in-
2 FULL NAME William Green 1	3. stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH March 7, 19230
6 DATE OF BIRTH	Mar 3 1930, Mars T , 1930,
(Month) (Day) (Year)	that I last saw her alive on Mar. 7, 19230,
## AGE  If LESS than I dayhrs.  ## OCCUPATION  (a) Trade, profession or particular kind of work.  (b) General nature of industry business, or establishment in	The CAUSE OF DEATH & was as follows:  Sales Catanial Hemorehage  Au & delivery & O. P.  (Duration) yrs. mos. 5 de
which employed or (employer)  • BIRTHPLACE (State or country)  Marula a L	Contributory Secondary  (Duration)yremoe. 2 da
10 NAME OF Charles Green	(Signed) Charles J. Toley M. D. 3 / 17 1929 (Address) Have de Lace
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Bestrice Bes	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ionts, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place in the of desth yrsmos. de. Stale,yrsmosde.
(informant)	Where was disease contracted, if not st place of death?  Former or usual residence
Filed Mar 7 1920 Clas. J. Joley, M.D.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  County Cemetery March 7, 19.30  20 ENDERTAKER ADDRESS  ADDRESS  ADDRESS
" more blanks are needed, address State Registrar.	16 W. Saratog St., Balto Requesting V. S No. 1.

(Approved by U. S. Census and American Public Health Association.)

fired 6 yrs.). For persons who have no occupation Whatever, write None. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At "chool or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborerworked on may form part of the second statement. Never return "Laborer," "Foreman," "Munager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-(a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthfulness of various parsuits can be known. The ques-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day -Coul mine, etc. Wom-

Statement of Cause of Death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the disease cause of cause

ment of cause of death approved by Committee on head of "contributory." (R commendations on statequences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull and conse-Nomenclature of the American Medical Association.) Poisoned by carbolic acid—probably said to. The natrain-accident; Revolver wound of nord-homicide; Examples: as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or taken. For violent phatis state makes of injury "PUTEPERAL Septicuemia," "PUTEPERAL positionities." diseases resulting from childbirth or milicarriage as can be ascertained as the can e. Always qualify all rhage," "Inanition." "Marasmus," "Old Are: "Shock," symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia." ary), 10 de. Never report more eymptime or causing death), 29 ds.; Bronchopneumouna stated unless important. unqualified, is indefinite); Tuberculosis of lungs, men-State cause for which surgical operation was under-"Dropey," "Exhaustlen," "Heart vulsions," Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms; "Uraemia." "Weakness," etc., when a definite disease (secondary or intercurrent) affection negot Whooping cough; "Debility" ("Congenital," "Soulle," etc.). Accidental drowning: Strate Chronic valvular Carcinoma, Sarcona, etc., or Example: Meale failur." 3.0000 "Chana," In railrean "Hacmor Mousics; terminal disouse; (second-(disease (прексту not be etc.

HYSi-Exact

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed tircd 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery.

(a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocfirst line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia, ""Pneumonia,"

st\_ted unless important. Example: Measles (disease approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Snock," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (sccondary), Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as cough; Chronic valvular heart disease; not be

V. S. No. 1

/	lage or City John (No. 2FULL NAME Sac Mart	74
	PERSONAL AND STATISTICAL PARTICULARS	
35	Rate white Shorts (Wite the word)	1
6 C	(Month) (Day) , 1 SHS	
7 A	85 yrs. 5 mos. 72 ds. or min.	
b	b) General nature of industry usiness, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  Maculland	
NTS	11 BIRTHPLACE OF FATHER (State or country)	0
PARE	12 MAIDEN NAME QUILA E LOUSSON	-
	13 BIRTHPLACE OF MOTHER (State or Country)  Manufaul	A
14 1	(Address) TRUE TO THE BEST OF MY KNOWLEDGE  (Address) The BEST OF MY MY KNOWLEDGE  (Address) The BEST OF MY	Fu
15	Filed Dec. 2 6 19830 Fred off or Cok Coal Registrar	2

5045	STATE	OF N	MARY	LAND
	CERTIFIC	CATE	OF I	DEATH

\_\_\_Ward

Registration Dist. No.

1)	(if death a hospital	or in	stitu-
	tion, give i stead of number.)	street	E in and
-street			

16 DATE OF DEATH	
44	(Day) 1930(Year)
I HEREBY CERTIFY, That I atte	
19 19 19 to pre	
that I last saw h Malive on	S 44 , 19230,
and that death occurred on the date stated a	bove, at 8 35 Pm.
The CAUSE OF DEATH * was as follows:	
00***000000000000000000000000000000000	
0 1 1 11	1 ,
Cerebrel Harry	owner
(Duration)	_yrsds,
Contributory	<b></b>
Secondary A	) /
(Duration)	ds.
(Signed).	M. D.
120 9519230 (Address) O	ON PLANTONO!
(Address)	4
*State the Disease Causing Death, Vlolent Causes, state (1) Means of Inju Accidental, Suicidal or Homicidal.	or, in deaths from try and (2) Whether
*State the Disease Causing Death, Violent Causes, state (1) Means of Inju	
*State the Disease Causing Death, Vlolent Causes, state (1) Means of Inju Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospits ients or Recent Residents)	
*State the Disease Causing Death, Vlolent Causes, state (1) Means of Inju Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospits ients or Recent Residents)  At place In the	ds, Institutions, Trans-
*State the Disease Causing Death, Vlolent Causes, state (1) Means of Inju Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospits ients or Recent Residents)  At place In the	ds, Institutions, Trans
*State the Disease Causing Death, Vlolent Causes, state (1) Means of Inju Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospits ients or Recent Residents)  At place of deathyrsmosds. State.  Where was disease contracted,	ds, Institutions, Trans
*State the Disease Causing Death, Vlolent Causes, state (1) Means of Inju Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospits ients or Recent Residents)  At place In the of deathyrsmosds.  Where was disease contracted, if not at place of death?  Former or	ds, Institutions, Trans-
*State the Disease Causing Death, Vlolent Causes, state (1) Means of Inju Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospits ients or Recent Residents)  At place of death yrs	yrsds
*State the Disease Causing Death, Vlolent Causes, state (1) Means of Inju Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospits ients or Recent Residents)  At place of death yrs	yrsds,
*State the Disease Causing Death, Vlolent Causes, state (1) Means of Inju Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospits ients or Recent Residents)  At place of death more most death state of death for the State of death	DATE OF BURIAL

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more proven laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation (a) Foreman, (b) Automobile factory. The material nature of the husiness or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on (b) Grocery; The ques-

Statement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosimal fever (the only definite synonym is "Epidemic rerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is loss definite; avoid and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was under-Whooping elanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on Nomenclature of the Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; Chronic etc. The contributory valvular Always qualify all heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V.

No.

PLACE OF DEATH	04369 C
County /	00
Village or City Porssrulla (No.	(14·a)
2FULL NAME Galena ()	Burnin
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw here ali
7 AGE    If LESS than   I day hrs. or min.?	and that death occurred of The CAUSE OF DEATH *
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Hemorrage
9 BIRTHPLACE (State or country)	Contributory of f
10 NAME OF FATHER CONDUCTION OF FATHER (State or country)	(Signed) (A *State the I is see Violent Causes, state
12 MAIDEN NAME OF MOTHER  OF MOTHER  OF MOTHER  (State or Country)	Accidental, Suicidal or Ho 13 LINGTH OF RESIDE ients or Recent Resider At place of deathyrs
(Informant) (Address) And Survey (Address)	Where was disease contracted if not at place of dea h? Former or usual residence
Filed May 1 1930 Thomas R. Grown Registra	20 UNDERTAKER

STATE OF MARYLAND

ERTIFICATE OF DEATH Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and St.: Ward) number.)

#### CERTIFICATE OF DEATH

exil	50	1	9800
Opril (Mont)	h) 30 (1	Day) 1930	(Year)
17 / // I HEREBY CERTIFY, The	it I attende	d the decea	sed from
april 20 19230 to	april:	29	., 19230
that I last saw he alive on O	kil-2	7.	1923.0,
and that death occurred on the date	stated abou	e, at B	. (y m,
The CAUSE OF DEATH * was as foll	ows:		
Loff. Hemiplegi	a. Tee	rebeal	
Herman	******************		
J. Willy C.			
		····	
0 7 10 1		-	10.
(Duration			
Contributory Jeff Henry			
Femurage (Duratio	Dys.	mos.	10 ds.
(Signed) Or. W. A	metho	w .	M D
(Signed)	10.00 7		M. D.
(Signed) 7. H. A. S.	cew O	anc _ U	
*State the I'is see Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidsl.	Death, or,	in deaths	frem
18 LINGTH OF RESIDENCE (For	Hospitals.	Institution	s. Trans-
ients or Recent Residents)			
At place of deathyrsmos,ds.	In the State	yrsm	osds.
Where was disease contracted, if not at place of dea h?	*****************************		***************************************
Former or			

REMOVAL

DATE OF BURIAL

ADDRESS

If more b.anks are needed, addre. s Ltate kegistrar, 16 W. Saratoga St., Balto., kequesting V. S. ho. 1.

(Approved by U. S. Census and American Fublic Health Association.)

whatever, write None. state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., Spinner, (b) Cotton mill; (a) Salesmon, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quoscupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationory firemon, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). without more precise specification as Doy For persons who have no occupation If the occupation has been changed (6) Grocery;

Statement of Cause of Death—Name, first, the DISERAGE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosi inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia,")

approved by Committee on Nomenclature of the (secondary or intercurrent) affection need not be st-ted unless important. Example: Measles (disease American Medical Association.) telanus) may be stated under the head of "contributory." corbolic acid-probably suicide. The nature of the injury, occident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Enhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainperitonaeum, etc., Corcinoma, Sarcomo, etc., ol Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; etc. The contributory Always qualify all

No.

v:

S.

1 PLACE OF DEATH		15046 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 183					
County Harford							
Village or City Near Jarrettsville, , , , , , , , , , , , , , , , , , ,			St.: Ward)  (If death occurred a hospital or insti- sion, give its NAME; stead of street a number.)				
		NAL AND STATISTIC			MEI	DICAL CERTIFICATE	OF DEATH
3 S1		White		rried	16 DATE OF DE	Dec 17 (Month)	(Day) , 1930 (Year)
6 D.	ATE OF BIE	May	9,	853	that I last saw !	10 19230 to Ds	17 10250.
7 AG	••		ρ   If I	(Year) LESS than layhrs.	The CAUSE OF I	ral Kemowle	age & Chronic
pa (b bu w	General na usiness, or e	fession or d of work ature of industry establishment in ed or (employer)		p.P:	Contributory Secondary	(Duration)	VJ.yrs. de.
ARENTS	10 NAME (FATHE)  11 BIRTH)  OF FAT  (STATE)  12 MAIDE	James Berlace PLACE PLACE OF COUNTRY) Harfo		•	N	THE RESERVE OF THE PERSON NAMED IN COLUMN 1	th, or, in deaths from a dury: and (2) whether
۵	13 BIRTHI OF MOT (State	Jemima PLACE	ord Co. Md		18 LENGTH OF lents, or Recer At place of death yrs. Where was disease of if not at place of death	t Residents) Intmosda, St.	hc atc, yrs. mos da.
	(Informant)	Martha E. Bev	ard		Former or usual residence		
15	^	Rocks, M	0/		Bethel (		Dec. 19 ,18 30
- F	iledavic	.19 130 Th	Re	gistrar	E_G_Kurtz	& Son Ja	rrettsville, Md

\* more blanks are needed, address State Registrar, 18 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Fanner (restate occupation at beginning of illness. If retired from or given up on account of the disease causing nearm whatever, write None. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House. en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; household only (not paid Housekeepers who receive a should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician. Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter, (a) Foreman, (b) Automobile factory. cases, specially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various parsnits can be known. The quescapation is very important, so that the relative health-Statement of Occupation - Precise statement of ocengineer, Stationary firemen, etc. But For many occupations a single word or term on 11.8.16 without more precise specification as Day For persons who have no occupation -Coal mine, etc. Wom-The material ін шану

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,").

ment of cause of death approved by head of "contributory." Nomenclature of the American Medical Association.) quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid—probably suicide. as probably such, if impossible to determine definitely. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway and qualify as accidental, suicidal, or homicidal, or State cause diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Uracinia," "Weakness." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion." "Heart failure," symptomatic), "Atrophy," "Collapse," conditions. ary), 10 ds. Never report mere symptoms or terminal "Purperal septicaemia." "Purperal peritonitis," causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles vulsions," Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; mges, peritonacum, etc., Caroinoma, Sarcoma, etc., of (secondary or intercurrent) affection need not be Whooping cough; ..... (manue origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-For violent peaties state means of injury "Debility" ("Congenital," "Senile," etc.), such as "Asthenia," for which surgical operation was under-Chronic valvular heart disease; (Recommendations on state-"Anaemia" Committee on "Coma," "Con-"Haemor-(disease (secoud-(merely

8. No. 1.

S

PLACE OF DEATH	10462 STATE OF MARYLAND
- Harland	CERTIFICATE OF DEATH
County Many a	189
of TIMe	Registration Dist. No.
Village or city Pleasantolle (No.	St.: Ward) [If death occurred in
A 21 1 0'1	a hospital or institution, give its NAME instead
2 FULL NAME L. Frank Bill	inaste a of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
Fraie While MARRIED, Lingle OR DIVORCED OR DIVORCED OR WINDOWS	(Month) (Day) (Year)
	17   I HOREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	puly 1930, to Wes-10, 1930.
(Month) (Day) (Year)	that I last saw he walive on Defal 5 1980.
7 AGE If LESS than	and that death occurred on the date stated above, am.
5-1 1 day, hrs.	The CAUSE OF DEATH * was as follows:
O yrs. mos. ds. or min.?	
OCCUPATION (a) Trade, profession, or	acute Myore andit
particular kind of work (b) General nature of industry	
business, or establishment in	/ / Durallon) yrs mos ds.
which employed (or employer)	Contributory Inflamating
BIRTHPLACE (State or country)	Secondary
10 NAME OF	Chemic troff (Spralling) 713 2 mos - 60
FATHER FOREST Bellingslea	(Signed) (Signed) . M. D.
U "BIRTHPLACE A	9/11/3/181 (Address) Hallstne Mcg.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN NAME  18 MAIDEN NAME  18 MAIDEN NAME  19 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL.
12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
19 BIRTHPLACE	OR RECENT RESIDENTS)
OF MOTHER (State or country) Maryland	Al place la the of deathyremeede. \$lete,yremeede.
14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Mariour Whillaker	Fermer or
	19 PLACE OF PURIAL OR REMOVAL. DATE OF BURIAL
(Address) Forest Hell Mid.	B I to the Benefit AL 12
16 Altung Pelil	10 apriles cimeron Cept. 1 d. 157
Fled Nept 11. 1801/C/Ucharason	20 UNDERTAKER 26 LE ON 1600 H
REGISTRAR	No. J. Macros Jores Kelle Inc.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Realth Association.]

business, that fact may be indicated thus: Farmer (retired or given up on account of the merase causing Drath, wife, Housework, or At Home, and children, not gainfully write None state occupation at beginning of illness Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housetaken to report specifically the accupations of persons the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Pay tabarer, Farm labarer, Labarer mill; (a) Salesman, (b) Grocery: (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, mobile factory. is provided for the latter statement; it should be used business or industry, and know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to applies to each and every person, irrespective of age. first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the nows of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in therefore an additional line If retired from (b) Auto-

Statement of Cause of Death—Name, first, the dibbash causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar incumonia. Bronchopneumonia ("Pneumonia,") unqualified. is indefinite); Tuberculosis of lungs, meningualified.

BUREAU

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations und consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning. state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths genital," "Senile," etc.), "Dropsy," "Exhaustion."
"Heart failure," "Haemorrhage," "Inanition," "Maras-"PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never report mere Example: Measics (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronie valvular heart discase; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . by railway train-accident; Revolver or miscarriage as "PUERPERAL septichaemia," Always qualify all diseases resulting from child-"Old Age," "Shoek," "Uraemia," "Weakness. "Coma," The contributory (secondary or intereur-"Convulsions," "Debility" ("Con-State cause for which acid-probably mound

PLACE OF DEATH	STATE OF MARYLAND
Hortal	CERTIFICATE OF DEATH
County	(29) Registration Dist, No. 183
1/2-12	Registration Dist. No.
Village or City (No.	St: Ward) (If death occurred in
	a hospital or institu- tion, give its NAME in-
2 FULL NAME Justin	ared Hanny stead of street and sumber.)
PERSONAL AND STATISTICAL PARTICULA	LARS MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SUNGLE, MARRIED MARRIED	lowed 16 DATE OF DEATH
Tende widowed or bivorce	, 1328
(Write the wo	
6 DATE OF BIRTH	aprile 16 1 1930, to april 22 - (193)
may 2	
(Month) (Day)	(Year) that I last saw h 4 alive on Of 2 2 2 1923
N ACE	If LESS than
	dayhrs. The CAUSE OF DEATH % was as follows:
yrs. mos. ds. ds.	ormin. ?
a) OCCUPATION (a) Trade, profession or	My mandelis + Phone
particular kind of work	Mephrili + Hyfulini
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrsmosdg
9 BIRTHPLACE	Contributory Secondary
(State or country) Harford es had	(Duration) yrs. O. mos. de
10 NAME OF	3
FATHER Emphriel Magn	(Signed) M. D.
11 BIRTHPLACE / SI Geranguly	(Address)(Address)
OF FATHER (State or country)	*State the Disease Causing Death, or, it teaths from Violent Causes, state (1) Beans of Injury: and (2) whether
2 12 MAIDEN NAME OF MOTHER OF MOTHER OF	Aceldental, Suicidal or Homicidal,
a Elizabeth Hor	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place in the
(State or country)	of deathyrsmosda, State,yrsmosda
14 THE ABOVE IS TRUE TO THE BEST OF MY KNO	WLEDGE if not at place of death?
(Informant) Berry Olann	Former or usual residence
0.10 1.01	19 PLACE OF BURIAL OR REMOVAL   DATE OF BURIAL
(Address) NOCKS	1/ Lecan com. Opel 26 20
16 01 25 2 9 00	20 DERTABER () ADDRESS
Filed 190 / Romas 1810	1 000
	Registrar Comments of Same Bould
wore blanks are peeded, address Sta	te Registrar, 16 W. Sarutore St., Balto., Requesting V. S No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing death, gaged in domestic service for wages, as Servent, Cook ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a eu at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it whatever, write None. Housemaid, etc. to report specifically the occupations of persons enlaborer, Farm laborer, Laborer-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the worked on may form part of the second statement cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. the first line will be sufficient, e. g., Farmer or Planter, expation is very important, so that the relative health-(a) Foreman, (b) Automobile factory. The material Physician, Compositor, Architect, Locomotive engineer tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation -Precise statement of oc For many occupations a single word or term on or At Home, and children, not gainfully em-For persons who have no occupation If the occupation has been changed -Ccal mine, etc. Woru-But in many

Ease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feter (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup") Typhoid fever (never report "Typhoid pneumonia"). Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

ment of cause of death approved by Committee on head of quences (e.g., scpsis, tetanus) may be stated under the Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident: Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause "PUERPIEAL seplicaemia." "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemla," "Weakness," etc., when a definite disease rhage," "Inanitlon." "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustion." "Heart rulsions," symptomatic), "Atrophy," "Collapse," "Coma." "Conconditions, such as "Asthenia," "Anacmia" ary), 10 ds. Never report mere symptoms or causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); ...... (name origiu; "Cancer" is less definite; avoid inges, perilonacum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; FOR VIOLENT DEATHS STATE MEANS OF INJURY "contributory." "Debility" ("Congenital," "Senile," etc.), for which surgical operation was under-Chronic valvular heart discuse; Curcinoma, Surcoma, etc., of (Recommendations on state-Example: Measles failure." "Haemor-Always qualify all The contributory The na-Meastes; terminal (secoud-(disease (merely

	Tr.
	ITE
	WR
davi	
S.	
02	

PLACE OF DEATH	STATE OF MARYLAND
County Harlord	05623 CERTIFICATE OF DEATH
	Registration Dist. No. 18 2
Village or City glendelle (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Wh Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Nay 8 , 1980
May 18 , 1930.  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE   If LESS than   1 day	
B OCCUPATION (a) Trade, profession or particular kind of work	Still-born (museamoge at
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsd
9 BIRTHPLACE (State or country) Md	Contributory Secondary (Durstion) yrs
10 NAME OF Jewel Thomas Blewins	(Signed) Willard Y. Millard M. I.  May 18 1930 (Address) Frust Hell mg
OF FATHER (State or country) aske & 7 C.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER MYTH Belle Brinega	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transiants or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. Stateyrsmosd  Where was disease contracted, if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	fi not at place of dea h?  Former or usual rea.dence
(Informant) Thomas Blum (Address) Hawre De Grace	19 PLACE OF BURIAL OR REMOVAL May 18, 1936
15 Filed May 19 1900 18 Richardson Registra	20 UNDERTAKER ADDRESS
	ar, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

STATE OF MARYLAND

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neceslaborer, Farm laborer, Laborer—Coat mine, etc. wounen at home, who are engaged in the duties of the
household only (not paid Housekeepers who receive a nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. tircd 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on or At Home, and children, Farm laborer, (b) Colton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The Laborer-Coal mine, etc. not gainfully em-(6) material Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia,")

> use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., "Uracmia," "Weakness," etc., when a definite disease st.ted unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E.haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-American Medical Association.) Never report mere symptoms or terminal condicough; Committee on Nomenclature of the Chronic Carcinoma, Sarcoma, etc., of etc. valvular heart disease; The contributory

0	Y	PHYSI
	G INKTHIS IS A PERMANENT CORD	fully supplied. ACE should be stated EXACTLY, PHYSI
	T.	ated
9	NEN	2002
ESERVED FOR BUNG	RMA	onid
m	PE	3
œ	V	E C
0	IS	A.
	SI	ed.
E	TH	inde
₩ 2	J	Sug
<u>П</u>	Z	>
Ш	15	ful

PLACE OF DEATH	12490 STATE OF MARYLAND
County Harford	CERTIFICATE OF DEATH
	Registration Dist. No. 182
Village or City Grafton Shaps (No.	St: Ward) (If death occurred a hospital or institution, give its NAME is stead of street as
2 FULL NAME E JIZabeth BON	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH OCT. 24, 1:30.  (Month) (Day) (Year).
About - July (Day) , 1/84	17 I HEREBY CERTIFY, That I attended the decemend fro
AGE  AGOUT 90 yrs. mos. ds. or mir	rs. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Retired  particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 4 yrs, mos d
9 BIRTHPLACE (State or country)	Contributory Secondary  (Duration) yrs
10 NAME OF Basis C. Kess	(Signed) Willard J. Hudson M. Oct 25, 1933 (Address) Forest thee mg
OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, er, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER UN KNOWN  13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or country)	At place of deathyrsmosds. In theyrsmos  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?  Former or usual residence
(Informant) Je hu Nesson Johnson (Address) 25140ak St-Basto, Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed Oct. 25 1980 V. E. Chambers Registrar	20 UNDERTAKER ADDRESS  R. I Air Md
If more blanks are needed, address ttate Regist	trar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more process. Laborer, Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) fulness of various pursuits can be known. The queswhatever, write Nonc. tired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coat mine, etc. wuin-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of For many occupations a For persons who have no occupation single word or term on

Strtement of Cause of Death—Name, first the DIS-EASE (\*\* USING DEATH (the primary affection with respective to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. stated unless important. clanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," ("Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death pproved by Committee on Nomenclature "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need Example: Measles (disease etc. The contributory valvular heart disease; not be

2

>

11	12831
PLACE OF BEATH	STATE OF MARYLAND
County Horford	CERTIFICATE OF DEATH
	Registration Dist. No. 181
alberdeen	
Village or City (No.	St.: Ward) (If death occurred in a hospitul or institu-
2FULL NAME John 18	tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Colored Single, Married, Wildle Colored OR DIVORCED (Write the word)	16 DATE OF DEATH MOV. 3, 19230
	(Month) (Day) (Year) (Year) (Year) (Year) (Year) (Year)
6 DATE OF BIRTH MOV 3 103	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	
7 AGE 14'11 3 IIILESS the	
Still Jorn I day h	
yrs. mos. ds. or min	1.2
(a) Trade, profession or particular kind of work	suu varn
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrs,mosda,
9 BIRTHPLACE (State or country) Horford C Mid	Contributory Secondary  (Duration)
10 NAME OF Harry Clark	(Signed) (), 6 Muchael Cymles M. D. Abender Wed
OF FATHER Z (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
of MOTHER Links Bond	Accidental, Suicidal or Homicidal.  18 LUNGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
Men John Homen	Former or usual residence
(Address) abender the	1 19 PLACE OF BURIAL OR REMOVAL MOV 4, 1920
Filed Nov. 4 19230 Of Mechael Registral	Burned by fraction of address Tans
If more blanks are needed, addre s Ltate Negist	rar, 16 W. Saratoga St., Balto., Requesting V. S. iso. I.



(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oction applies to each and every person, irrespective of Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons ennner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal simal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E.haustion," "Heart failure," "Ilaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be st\_ted unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, mentions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid "PUERPERAL seplicaemia," "PUERPERAL perilonilis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was underapproved by Committee on Nomenclature of the American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

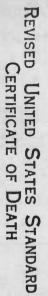
R.E

6

WITH	oho
×	+100
Š,	Forms
3	
WRITE	Every Item of information cho
*	VAPV
-	4

V. S. No. 1

PLACE OF DEATH County Harbord		MARYLAND E OF DEATH
		Dist. No. 182
Village or City Bel Com, Mary Frances	Bond St.: War	d) (If death occurred in a hospital or institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
funde & COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	4	(Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I a	ttended the deceased from
7 AGE    If LESS the   I day hear   If Less the   I day hear	an and that death occurred on the date state rs. The CAUSE OF DEATH * was as follows:	ed above, at 10 Am
(a) I rade, profession or particular kind of work  (b) General nature of industry business, or eatablishment in which employed or (employer).  9 BIRTHPLACE (State or country)	Contributory Secondary (Dwshon)	yrsd
10 NAME OF Bruce Bond  11 BIRTHPLACE OF FATHER Z (State or country)  10 NAME OF Bruce Bond  Md.	(Signed) 1924 (Address) Bath State the Disase Causing Death Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	M. C. M. C. M. C. M. or, in deaths from
12 MAIDEN NAME OF MOTHER  Susses Hall  13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospients or Recent Residents)  At place In the	oitals, Institutions, Trans
(Informant) Please Brass	where was disease contracted, if not at place of death?	
(Address) Belan and	19 PLACE OF BURIAL OR REMOVAL	maly 7, 1980
15 Filed May 5 1930 brainia E. Chambell	Decre Forter Be	lan Ind
If more bianks are needed, addre.s State Registr	Wednesday 10 belief	



(Approved by U. S. Census and American Public Health Association.)

laborer, the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tired 6 yrs). For persons who have no occupation er," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupationstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Lahorer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day -Precise statement of oc-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (this only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol American Medical Association.) telanus) may be stated under the head of "contributory. accident; Revolver wound of head-homicide; Poisoned by tions, such as "Asthenia," "Anaemia" (mcrely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping cough; ..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; etc. The contributory Nomenclature of the

PLACE OF DEATH WITHIN CORPORAT	STATE OF MARYLAND
County Hor ford	© CERTIFICATE OF DEATH
Thomas Lever - The	Registration Dist. No. 185
Village or City No. 100 (No. 2FULL NAME Boty Brued)	St: Ward)  (If death occurred is a hospital or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.  MARRIED. WIDOWED. WIDOWED. (Write the word)	16 DATE OF DEATH , 192
6 DATE OF BIRTH Feet. 157, 1931	17 I HEREBY CERTIFY, That I attended the deceased from 192
7 AGE (Month) (Day) (Year)  7 AGE   If LESS than   day hrs.   day hrs.   ds.   or min.?	and that death occurred on the date stated above, atm  The CAUSE OF DEATH * was as follows
B OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos ds
9 BIRTHPLACE (State or country)	Contributory Secondary  (Duration) yrs mos de
10 NAME OF FATHER Harrison Harry	(Signed) from 36. Bay M. D. Her 15/7 190 (Address) Hon De Sione me
OF FATHER (State or country) Many Coud	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Senda Bond	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country) Abruber ymd	ients or Recent Residents)  At place of deathyrsmosds.  Where was disesse contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Hearge Bourf	19 PLACE OF BURIAL OR REMOVALS DATE OF BURIAL
(Address) Chelun, Mel.  15 Filed Feb. 15, 19230 Chas J. Feligistrar	20 UNDERTAKER BOY ADDRESS  Lorge Boy Alkelin Ma
If more hanks are needed, addre s tate Registrar	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

O a Mira

N. B.

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. r," etc., Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-Chronic valvular heart disease; nephritis, etc. The contributory Nomenclature of the

V. S. No. 1

1	01702
PLACE OF DEATH WITHIN CORPORA	STATE OF MARYLAND
County Harf	CERTIFICATE OF DEATH
	Registration Dist. No. 185
Village or City Home as Jan (No. Have as	Grand Ward)  (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Help, 8th, 1980  (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h alive on All 7 7 1930.
7 AGE    If LESS than   I day hrs.   or min.?	and that death occurred on the date stated above, at m. The CAUSE OF DEATH * was as follows:  Was brought to hopping in a morning ondition of the company of
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	no flother information obtainable mos 14 do  Contributory  Secondary
10 NAME OF FATHER William Boom	(Signor) (Duration) (Signor) (M. D
II BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER COMMINICATION OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, I am had if not at place of deah? A am had.  Former or usual residence. Bel am - Mad.
(Address) Hand de Share My.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL July 1930, 1930
15 Filed Jul. 8 1930. Chas J. Foly Par	Larufaget & Gross Benson my
If more blanks are needed, address tate Registrate	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But iu many to report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-(b) Cotton mill; (a) Salcsman, without more precise specification as Day For persons who have no occupation Coal mine, etc. Wom-(b) Groccry;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Iranition," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL seplicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Exhaustion, (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-9 9 "Heart failure," "Haemorrhage," Chronic valvular heart disease; etc. The contributory Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V.

N. B.—Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD MANENT DING MARGIN RESERVED FOR B Y, WITH UNFADING INK-THIS IS A P

V. S. No. 1

PLACE OF DEATH	0495 STATE OF MARYLAND
County ////	CERTIFICATE OF DEATH
0 11	Registration Dist. No. /80
Village or City 1990 (No. 2FULL NAME NEWY DOTO)	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME 1; - stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Make white Single, Many Wildowed. Make Wildowed. Wildowed. (Write the word)	16 DATE OF DEATH ) 4 , 1926 (Month) (Day) (Year)
6 DATE OF BIRTH  (Month)  (Day)  (Yesr)	17 I HEREBY CERTIFY, That I attended the deceased from 1970 to 44, 1920  that I last saw h Malive on 444 4 1920
7 AGE [If LESS that	
I dayhrs	The CAUSE OF DEATH * was as follows:
yrs	Carcinom Thin
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Durstion) yrs. mos. ds.
9 BIRTHPLACE (State or country) Let Wally	Contributory Secondary
10 NAME OF Borchardt	(Signed). M.D.
OF FATHER  (State or country)	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME SERVICES	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents)  At place of deathyrsmosds. In the Stateyrsmosds.
(State or Country) To Welly  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death
my & Markounds	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) A ppl -	Trinty Luthern Cemetry Jan. 7 . 1930
15 Filed Jan-5 1930 Fred Morlok	20 UNDERTAKER ADDRESS
	Howard K.McComas Abingdon.Md

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupationbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an report specifically the occupations of persons en-Foreman, For many occupations a single word or term on without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material -Precise statement of oc-(b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL pertionitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol approved by Committee on as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; etc. The Nomenclature of the contributory

		RITE	Item
1	4	?	- Every
			N.
•			Z

PLACE OF DEATH	USUZU STATE OF MARYLAND
County Hardna.	CERTIFICATE OF DEATH
/ Wasks	Registration Dist. No. 184
Village or City / OOLV (No.	St.: Ward) (If death occurred in a hospital or institu
2 FULL NAME Infant 1900	tion, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
Male Whate OR DIVORCED (Write the word)	C- July 7 , 1920
6 DATE OF BIRTH	(Month) (Day) (Year)
July 111 .5:	July 14 1980 July 14 182
(Monty) (Day) (Ye	0.00 600
7 AGE   IfLESS	
1 day. /.	
yrsmosds. orn	nin.? Harmoules on the
B OCCUPATION (a) Trade, profession or	orlani
particular kind of work	
(b) General nature of industry business, or establishment in	(Durstion) yrs mos di
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
I 10 NAME OF	(Durstion) yrsmosd
FATHER // Ille 19 miles	(Signed) M. I
10 11 BIRTHPLACE	1925 (Address) 70 479
C OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
TI 12 MAIDEN NAME	
of MOTHER Lade M. Kermed	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or country)	of deathyrsds. Stateyrsdds. Stateyrsdds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Willow Society	Former or usual residence
(morman) Color (1)	19 PLACE OF BURIAL OR REMOVAL
(Address) (Address)	- Dishland (out July 15, 1034
15 El Japan William 2 H. J. McHarle	20 ULDERTAKER
Filed Mly 44-19230 The Registra	- Justolan Thouse
	strar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material nature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease "Inanition, "Exhaustion," "Heart failure," "Haemorrhage, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. causing death), 29 ds.; L (secondary or intercurrent) Whooping use of "Tumor" for malignant neoplasms); Mcasles; unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY resulting from childbirth or miscarriage as cough; " "Marasmus," "Old Age," "Shock, Committee on Nomenclature of the Chronic Example: Measles (disease "Senile," etc.), "Dropsy, chopneumonia (secondary), affection need etc. The contributory valvular Always qualify all heart disease; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH County Farford	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 184
Village or City ASULLON (No. 2FULL NAME GSUPLY 7.	St.: Ward)  St.: Ward)  A hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL/CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH Oct 28, 1855	17 I HEREBY CERTIFY, That Patterded the deceased from 192 U. to 19
7 AGE  74 yrs. 8 mos. 19 ds. or min.?	and that death occurred on the date stated above, at & T. m.
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Chimic Uyodarditos
business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER BOSTIC  11 BIRTHPEACE OF FATHER  2 (State or country)  11 State or country)	(Durstion) yrs mos ds.  (Signed) M. D.  *State the Piscase Causing Death, or, in deaths from Yiolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER UNPROVO	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs ds. ds. State yrs ds. Where was disease contracted,
(Informant) (Informant) (Informant)	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  DATE OF BURIAL
15 Filed July 16 1980 MM Registrar	20 YNDERTAKER Bailey Darlington
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planler, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease, nlerstitial nephritis, etc. The contributory ," "Weakness," etc., when a definite disease

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSI-

	PLACE OF DEATH	01271 STATE OF MARY
	County Harford	CERTIFICATE OF
	10 13 6	Registration Dist. No.
	Village or City Narunglon (No	St:Ward) (If d
	2FULL NAME Mary N. B	otta tion, stead numb
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE
	Sex 4 COLOR OR RACE MARRIED Married  Fernal White (Write the word)	16 DATE OF DEATH  (Month) (Day)
	6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended t
	March 31 , 1859	1996 to 1588
	(Month) (Day) (Year)	that I last saw h Lalive on
	7 AGE   If LESS than   I dayhrs.	and that death occurred on the date stated above,
	yrsmosds. ormin.?	The CAUSE OF DEATH * was as follows:
	8 OCCUPATION (a) Trade, profession or Housework particular kind of work	J. J
	(b) General nature of industry business, or establishment in	(Duration) 2 yrs.
	which employed or (employer)	Contributory Natural
.	9 BIRTHPLACE (State or country)	Secondary
.	10 NAME OF MONE	(Signed) (Signed)
	M 11 BIRTHPLACE	# 188 (Address) ( arthu
	OF FATHER  (State or country)  12 MAIDEN NAME MM	*State the Discase Causing Death, or, ip Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal.
	of MOTHER Many Herr	18 LENGTH OF RESIDENCE (For Hospitals, Inc.
	13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place In the
	(State or Country) Jemany	of death
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
	(Address) Darlington, M.f.	Bublin & M. Cum Chr
	15 Filed april 1980 M. Kils - Registrar	20 UNDERTAKER Bailey Warl
	If more banks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 184

2	St: Ward)	(If death occurred in a hospital or institu- tion, give its NAME ir- stead of street and number.)
	MEDICAL CERTIFICATE O	F DEATH
,	16 DATE OF DEATH Okil	/ , 1930
	//	(Day) (Year)
	Jun / 1999 to has	1 1 .
		march 3/180
	and that death occurred on the date stated a	bove, atm.
	Chronic Cholley	elilis
	Contributory Mature	al :
	(Signed) (Address) (Oard	ass/ M.D.
	*State the Disease Causing Death, Vlolent Causes, state (1) Means of Inju Accidental, Suicidal or Homicidal.	or, in deaths from and (2) Whether
	18 LENGTH OF RESIDENCE (For Hospitalients or Recent Residents)	ls, Institutions, Trans-
	At place of deathyrsds. In the State,	yrsmosds,
	Where was disease contracted, if not at place of death?	
	Former or ususl residence	
	Dublin S.M. Cim	hril3, 1930
1	20 UNDERTAKER	ADDRESS

Bailey Warringte

Š. V. 50

(Approved by U. S. Census and American Public Health Association.)

nature of the business or industry, and therefore an additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a business, that fact may be indicated thus; Farmer (re-" etc., without more precise specification as Day Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Wom-For persons who have no occupation (b) Automobile factory. The material Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HONICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Whooping cough; American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

f. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Harford.	CERTIFICATE OF DEATH
	Registration Dist. No. / 15
Village or City Suanfree (No.	St: Ward) (If death occurred in a hospital or institu-
2FULL NAME DUNG & Bous	tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
To de la Color OR RACE 5 MNGLE, MARRIED.  WIDOWED.  OR DIVORCED  (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from 1930 to 23 , 1920
(Month) (Day) (Year)  7 AGE III LESS than	and that death occured on the date stated above, at
yrs. 3 mos. 4 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Olio Rescilie
(b) General nature of industry	
business, or establishment in — which employed or (employer)	(Duration) yrs. mos ds.
9 BIRTHPLACE (State or country)  Manualana	Contributory Secondary  Duration yrs mos de.
10 NAME OF George Brusquet.	(Signed) To Slave M. D.
11 SIRTHPLACE OF FATHER (State or country) OF FATHER (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causin, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homieidal.
of MOTHER Idua Bablity.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE  OF MOTHER  (State or country)  Navyland	At place of death yrs mos, ds, State yrs mos, ds, Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Info:mant) Leage Dougguet.	Former or usual residence
(Address) House de Grace 2nd	Hoffman Chufel 10/23, 1930,
15 Filed Oct 2 3 1900 Charles John MD.	Jennington Son Stallne me
If more honks are needed, address State Registrar	16 W. Saratoga Zt., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report ployed, as At school, or At home. Care should be taken en at home, who are engaged in the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Peal-Civil engineer. Physician, Compositor, tion applies to cach and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Furm laborer, Loborer-Coal mine, etc. Womwithout more precise specification as specifically the occupations of persons en-For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. If the oecupation has been changed Architect, Locomolive engineer, But in many duties of the (b) Gracery.

Statement of Cause of Death—Name, first, the DIS-PASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "yphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia");

> telunus) may be stated under the head of "contributery as fracture of skull, and consequences (e. g., sepais, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart ranning," "Old Age, 10 ds. Never report mere symptoms or terninal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," inges, perilonaeum, etc., Carcinoma, Sarconut, ctc., of ..... (name origin; "Cancer" is less definite; avoid approved by Committee on curbolic acid-probably suicide. The nature of the injury, accident; Revolver around of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of unqualified, is indefinite); Tuberculosis of lungs, men-Whooping interstitial nophrilis, cough; Chronic valvular affection need etc. Nomenclature The contributory heart " "Shock," not disease;

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A. Ithe data is essential and must be obtained before the certificate in permanently filed.

Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate. CORD WITH UNFADING INK--THIS IS A PERMANENT UNZ B FOR RESERVED MARGIN WRITE S. No.

N. B.-

0

PLACE OF DEATH	STATE OF MARYLAND
. County Parport	CERTIFICATE OF DEATH
do a s	Registration Dist, No.
Village or City Willadelm (No. 3, F. 2,	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Putheene Box	tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.  MARRIED MRIVEL  WIDOWED.  OR DIVORCED  (Write the word)	16 DATE OF DEATH 20, 19830
6 DATE OF BIRTH	17 JI HEREBY CERTIFY, That I attended the deceased from
Feb. 19 1867	May 8 1930 to May 20 , 1930
(Month) (Day) (Year)	that I last saw her alive on way 1, 192 ,
7 AGE   IfLESS that   I day hrs	
73 yrs. 3 mos. ds. or min.	
8 OCCUPATION (a) Trade, profession or particular kind of work	freumonia Broncho)
b) General nature of industry business, or establishment in which employed or (employer)	(Duration) O yrs O mos 12 ds.
9 BIRTHPLACE (State or country) Manuland	Contributory Secondary  (Duration)
10 NAME OF SENERY S. anbew	(Signed) Cheep Kieth M. D. May 20 1980 (Address) aludes M
OF FATHER  (State or country)  Manuland	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
(State or country) Maryland  12 MAIDEN NAME OF MOTHER Mary Oliver	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Miss Mallie G. Godren	Former or usual residence
MAddress) Cherdien med St. T.	Bakes Cemetery May 23 1930
15/Filedby 72 19230 Thickel	Serry Sarring for the Recent Med



(Approved by U. S. Census and American Public Health Association.)

er," etc., without more present abover, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (0) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive ongineer, Civil engineer, Stationary firemen, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*nature of the business or industry, and therefore an tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (ve-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Forenian, For many occupations a single word or term on or At Home, and children, not gainfully em-For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup!"); Typhoid fever (never report "Typhoid Pneumonia"). Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasins); Meosles unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, Whooping ..... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the corbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway troinand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., scpsis, taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY "Atrophy," "Collapse," "Coma," "Convulsions, perilonoeum, etc., Corcinomo, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitiol nephritis, cough; " "Marasmus," "Old Age," "Shock," Chronie valvular hcart diseose etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH County Harford UREDRATE LI	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 185
Village or City & Lel State (No. 2FULL NAME (Baby) Bowe	St.: Ward)  St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
Sefet 6-, 1.930 (Month) (Day) (Year)	that I last saw h alive on 1923
7 AGE   If LESS than   I day 3 hrs.   or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs: mos ds.
9 BIRTHPLACE (State or country) Waryland, 10 NAME OF FATHER Clarence Bonner	Contributory Secondary  A(Duration)  (Signed)  M. D.
OF FATHER  (State or country)  12 MAIDEN NAME  OF FATHER  (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER CLASSIFICATION OF MOTHER (State or Country). Mary Land.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death
(Informant) Mis John Suinfeers (Address) Hallsrace, rus.	Former or usual residence
Filed Sept. 9 1920 6 Larles J. Faley M.D. Registrar	Lewingtowshu Xdelsrae.
If more blanks are needed, address State Kegistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. tired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Serunt, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomolive engineer, Housemaid, etc. If the occupation has been changed Foreman, For many occupations a Farm laborer, Laborer-Coal minc, etc. Womwithout more precise For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the single word or term on specification as Day (b) Grocery;

Statement of Cause of Death—Name, first, the principles of Cause of Death—Name, first, the principles of Cause Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart range," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicuemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as (secondar, or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Atrophy." "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi Chronic valvular heart disease; etc. The contributory Measles ;

(f) If this certificate is looked over thoroughly and a l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly\_classified. Exact NAT, WITH UNFADING INK--THIS IS A PERMANENT LACORD WRITE

ONZ

MARGIN RESERVED FOR BIT

V. S. No. 1

	PLACE OF DEATH	STATE OF MARYLAND
(	County Ocuford	CERTIFICATE OF DEATH
	WITHIN CORPOBATE!	Registration Dist. No. 185
<del>Vill</del>	age or City / famed grace(No.	St.: Ward) (If death occurred a hospital or inst tion, give its NAME stead of street
	2 FULL NAME David Bon	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	EX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased fr
	- Julen, 189	70 May 12 192 O. to June 1, 192
	(Month) (Day) (Year	that I last naw harmalive on 192.
7 A		
	alt (Oyrs. Inos har ds. or mi	:
	CCUPATION CO de. or mi	
	Trade, profession or	7 ( urhose of Lover
pâ	articular kind of work	· Oleohalich
pa (b	articular kind of work  O General nature of industry usiness, or establishment in	(Duration) yrs, 7 mos
pa (b	articular kind of work Autorian Autorian Military	(Duration) yrs. P. mos.
pa (b bu w	Articular kind of work  O General nature of industry  Isiness, or establishment in  hich employed or (employer)	(Duration) yrs. 7 mos.
pa (b bu w	Articular kind of work  O General nature of industry usiness, or establishment in hich employed or (employer)  IRTHPLACE (State or country)  UNITAGE (State or country)	Contributory Explanation Cardae
pa (b bu w	Articular kind of work  O General nature of industry  Isiness, or establishment in  hich employed or (employer)	Contributory Landian Cardian Secondary
pa (b w 9 B	Articular kind of work  O General nature of industry usiness, or establishment in hich employed or (employer)  IRTHPLACE (State or country)  10 NAME OF	(Signed) (Duration) yrs mos (Signed) (Address) Salary M
PENTS (b) (b) (b)	Articular kind of work  O General nature of industry Isiness, or establishment in hich employed or (employer)  IRTHPLACE (State or country)  IO NAME OF FATHER  II BIRTHPLACE OF FATHER (State or country)  K	(Signed) (Duration) yrs mos (Signed) (Address) Salary M
Page 19 19 19 19 19 19 19 19 19 19 19 19 19	Articular kind of work  O General nature of industry Isiness, or establishment in hich employed or (employer)  IRTHPLACE (State or country)  IO NAME OF FATHER  II BIRTHPLACE OF FATHER	(Signed)
A B B B B B B B B B B B B B B B B B B B	Articular kind of work  O General nature of industry Isiness, or establishment in hich employed or (employer)  IRTHPLACE (State or country)  IO NAME OF FATHER  II BIRTHPLACE OF FATHER (State or country)  I2 MAIDEN NAME OF MOTHER  I3 BIRTHPLACE	(Signed)  (Signe
A B B B B B B B B B B B B B B B B B B B	Articular kind of work  O General nature of industry usiness, or establishment in hich employed or (employer)  IRTHPLACE (State or country)  IO NAME OF FATHER  II BIRTHPLACE OF FATHER (State or country)  IZ MAIDEN NAME OF MOTHER	(Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents)  At place of death yrs. mos. ds. State yrs. mos.
PARENTS M. Parents Par	intricular kind of work  O General nature of industry Isiness, or establishment in hich employed or (employer)  IRTHPLACE (State or country)  IO NAME OF FATHER  II BIRTHPLACE OF FATHER (State or country)  I2 MAIDEN NAME OF MOTHER  I3 BIRTHPLACE OF MOTHER	(Signed)  (Signe
PARENTS M. Parents Par	Articular kind of work  O General nature of industry usiness, or establishment in hich employed or (employer)  IRTHPLACE (State or country)  IO NAME OF FATHER  II BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  IS BIRTHPLACE OF MOTHER (State or Country)  IS BIRTHPLACE OF MOTHER (State or Country)  ITHE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents)  At place of death yrs. mos. ds. State yrs. mos.
PARENTS M. Parents Par	Articular kind of work  O General nature of industry usiness, or establishment in hich employed or (employer)  IRTHPLACE (State or country)  IO NAME OF FATHER  II BIRTHPLACE OF FATHER (State or country)  I2 MAIDEN NAME OF MOTHER (State or Country)  I3 BIRTHPLACE OF MOTHER (State or Country)  I4  I5 BIRTHPLACE OF MOTHER (State or Country)  I6 HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  Mul Matthe Bowman	(Signed)  (Signe
PARENTS M. Parents Par	Articular kind of work  O General nature of industry usiness, or establishment in hich employed or (employer)  IRTHPLACE (State or country)  IO NAME OF FATHER  II BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  IS BIRTHPLACE OF MOTHER (State or Country)  IS BIRTHPLACE OF MOTHER (State or Country)  ITHE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed)  (Signe
Parker NTS	Articular kind of work  O General nature of industry usiness, or establishment in hich employed or (employer)  IRTHPLACE (State or country)  IO NAME OF FATHER  II BIRTHPLACE OF FATHER (State or country)  I2 MAIDEN NAME OF MOTHER (State or Country)  I3 BIRTHPLACE OF MOTHER (State or Country)  I4  I5 BIRTHPLACE OF MOTHER (State or Country)  I6 HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  Mul Matthe Bowman	(Signed)  (Signe

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, Form laborer, Laborer-Coul minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The queswhatever, write None. tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housenuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on that fact may be indicated thus; Farmer (rewithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> diseases resulting from childbirth or miscarriage as "PUERPERAL \*\*epticuemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonueum, etc., Carcinoma, Sorcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY (secondar/ American Medical Association.) Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi (name origin; "Cancer" is less definite; avoid cough; or intercurrent) affection need not be Chronic Example: Measles (disease valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all qu stinns answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V.

N. B .- Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CORD MITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BI WRITE I

PLACE OF DEATH	05626 STATE OF MARYLAND
County Harford	CERTIFICATE OF DEATH
WITNIN COMPORATE LIN	Registration Dist. No. 185
Village or City four de have (No.	St.: Ward) (If death occurred a hospital or instition, give its NAME
2FULL NAME Martha & Bo	stead of street number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 1920, 1920, 1920
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased fr
Dec 12 187	1 July 13 1926 to 5-22 , 195
(Month) (Day) (Year	that I last saw he alive on 5 - 25 , 193
7 AGE [If LESS th	
55 yrs. 5 mos. 11 ds. or mi	hrs. The CAUSE OF DEATH * was as follows:
8 OCCUPATION	Sulfational Ola market ale
(a) Trade, profession or	- Course Hanoranily E
(a) Trade, profession or particular kind of work  (b) General nature of industry	- Course Hymrianuy E
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	(Duration)yrsmos
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Contributory
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country) 10 NAME OF	Contributory Secondary  Aguration)  yrs
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  Junual White	Contributory Secondary  (Signed)
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE  90 11 BIRTHPLACE	(Signed)
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  Mary Cund	(Signed)
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE  90 11 BIRTHPLACE	Contributory Secondary  (Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  2 MAIDEN NAME  (State or country)  12 MAIDEN NAME	Contributory Secondary  (Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trainents or Recent Residents)
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER Janual White  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  14 BIRTHPLACE OF MOTHER  15 BIRTHPLACE OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trainents or Recent Residents)  At place In the
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 Birthplace (State or country)  10 NAME OF FATHER  11 BIRTHPLACE  OF FATHER  (State or country)  12 MAIDEN NAME  OF MOTHER  13 BIRTHPLACE  OF MOTHER  (State or Country). Lunknown	Contributory Secondary  (Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents)  At place of death yrs. mos. ds. State yrs. mos
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER Janual White  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  14 BIRTHPLACE OF MOTHER  15 BIRTHPLACE OF MOTHER	Contributory Secondary  (Signed)  *State the Disease Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Traients or Recent Residents)  At place of death yrs
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 Birthplace (State or country)  10 NAME OF FATHER  11 BIRTHPLACE  OF FATHER  (State or country)  12 MAIDEN NAME  OF MOTHER  13 BIRTHPLACE  OF MOTHER  (State or Country). Lunknown	Contributory Secondary  (Signed)  *State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Traients or Recent Residents)  At place of death yrs
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  15 P. Barraeu	Contributory Secondary  (Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Traients or Recent Residents)  At place of death yrs. mos. ds. State yrs mos.  Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 Birthplace (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address)	Contributory Secondary  (Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trainents or Recent Residents)  At place of death yrs mos. de.  Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR RESIDENCE  DATE OF BURIAL
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  15 P. Barraeu	(Signed)

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screant, Cook, Housemaid, etc. If the occupation has been changed ployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekcopers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material engineer, Stationary fireman, etc. But in many For many occupations a single word or term on Farm laborer, Laborer-Coul minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the pisses EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted tee in for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumamia ("Pneumonia,")

American Medical Association.) telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Recommendations on statement of cause of as fracture of skull, and consequences (e g., sepsis, carbolic acid-probably suncide. The n ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State eause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, " "Weakness," etc., when a definite disease "Inanition, (secondar, or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, " "Marasmus, " "Old Age, " "Shock, ('hronic valvular heart discase, etc. The eontributory M casles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the duta is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County Registration Dist. No. classifie Ward) (If death occurred in a hospital or institution, give its NAME instend of street and number.) property PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. be WIDOWED. may b OR DIVORCED pino (Write the word) I HEREBY CERTIFY, That attended the deceased 6 DATE OF BIRTH hat It m instructions (Month) (Year) O 7 AGE [If LESS than I day hrs The CAUSE OF DEATH \* was as follows: 0 Ш 8 OCCUPATION SERV (a) Trade, profession or plain particular kind of work (b) General nature of industry business, or establishment in UNFADING 2 which employed or (employer) Contributory I MARGIN 9 BIRTHPLACE (State or country) DEA hould 10 NAME OF FATHER 0 00 11 BIRTHPLACE Ø [1] OF FATHER the Disrage Causing Death, deaths from or, in OZ Z Violet Caus, s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. TIO (State or country) ш 12 MAIDEN NAME œ 0 state c 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER (State or country 0 0 Where was disease contracted, shoul of if not at place of death?. Every item CIANS sho usual residence (Informant) If more b.anks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grucery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health laborer Farm laborar, Laborer—Coal mine, etc. should be used only when needed. As examples: (a) sary to know Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary foreman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tired 6 yrs). gaged in domestic service for wages, as Servant, ('ook; ployed, as At school, or At home. Care should be taken work, or At Hone, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Aever return 'Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day Compositor, (a) the kind of work and also (b) the For persons who have no occupation Architect, Locomotive engineer, ""Deal-Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilieria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); 1 obar pneumonia. Bronchopneumonia ("Pneumonia.")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarconau, etc., of . . . . . . . (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal condi-tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmeumonia (secondary) unqualified, is indefinite); Tuberculosis of lungs, men-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Exhaustion," "Heart I (secondary or intercurrent) approved by tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY American Medical Association.) Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. (Recommendations on statement of cause of death Uraemia," "Weakness," etc., when a definite disease interstitial nephritis, resulting from ehildbirth or misearriage as cough; Committee on Nomenclature of the Chronic " "Old Age, " "Shock," affection need not be etc. valvular heart disease; The contributory Sareoma.,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A. I the data is essential and must be obtained before the certificate is permanently filed.

N B.--Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact NET, WITH UNFADING INK---THIS IS A PERMANENT MARGIN RESERVED FOR BIN WRITE P

V. S. No. 1

PLACE OF DEATH	04372 STATE OF MARYLAND
County Harford	CERTIFICATE OF DEATH
	Registration Dist. No. / 8
Village or City Valle. (No.	St.: Ward) (if death occurred in
2FULL NAME Dudlu 1	Bradley a hospital or institu- tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	NEDICAL CERTIFICATE OF DEATH
3 SEX 4 GOLON OR RACE 5 SINGLE,	1 16 DATE OF DEATH
Male Colored WIDOWEGELE (Write the word)	(Nonth) (Day) (Yesr)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day)	that I last saw h san plive on Cafe 7 , 192 4
7 AGE [IFLES.	S than and that death occurred on the date stated above, at 1148 no.
55 yrs. 2 mos 13 ds or	hrs. The CAUSE OF DEATH * was as follows:
BLOCCUPATION (a) Trade, profession or	Insplustra Ontrade
particular kind of work Alaser. (b) General nature of industry	
business, or establishment in	(Duration) yrs mas da.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF	(Duration) yes mos de
FATHER With Brade	es (Signed)
0 11 BIRTHPLACE OF FATHER	193 (Address)
(State or country) Virginia	*State the Disease Causing Death, or, in deaths from Violent Caus.s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
C 12 MAIDEN NAME PO-	Accidental, Suicidal of Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
a legalety got	ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of death yrs mos ds.
(State or country)	Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Sarah Bradley	weual residence
(Address) Vale, Jud.	Talernacle of Cent. Con 12. 1930.
15 Filed ahr 9 1090 ME Richardson	20 UNDERTAKER ADDRESS Med
Filed WWW 193011 L V WWARDEDV Registr	
If more branks are needed, address State Re	gistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Womadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning cfillness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer,'" (Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer. Physician, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect
to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal
fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup");
Typhoid fever (never report "Typhoid Pneumonia");
Typhoid fever (never report "Typhoid Pneumonia");

stated unless important. Example: Mcasles (disease State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., tetanus) may be stated under the head of "contributory carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, "" "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic Corcinoma, Sorcoma,, etc., of etc. affection need not be volvular heart The contributory " Shock," diseuse; death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

PHYSI-

properly classified.

See instructions on back of certificate.

7

14

1 <sub>PLACE</sub>	OF DEA	тн			
County 5	Hans	and	_		
territoria.	7	V			(188
Village or City	Bel	an .	mdNo.		
2FUI	LL NAME_	9	Ohn	D	seph
PERSON	NAL AND	STATISTI	CAL PART	ICULAR	RS
male	4 COLOR		5 SINGLE, MARRIED WIDOWED OR DIVOR (Write the	).	ec 16
6 DATE OF BIR	ТН				17
		ma	, 26		908
	41444	(Month)	(Day		(Year) th
7 AGE					ESS than an
· Ma	22 yrs.	/	1	4 .	y hrs. Th
B OCCUPATION	22 yrs.	·I	nos.	2 ds.  or	min.?
(a) Trade, pro	ofession or	PO.			
particular kind			· · · · · · · · · · · · · · · · · · ·		
(b) General na business, or es	stablishment	in			XZ
which employe	ed or (emplo	oyer)	****************		
9 BIRTHPLACE (State or cou	intry)	md			
10 NAME O	F Orl	2 Drop.	Bunch	7	(Si
	Ju	m0 -		ey-	\$
OF FATHEZ (State or		m	1	0.00	-
Z (State or	country)	1110	(		
12 MAIDEN V OF MOTH	IER Z	llia	rP/	Kenn	) 18
13 BIRTHPL OF MOTH (State or	ACE	m	d		At
4 THE ABOVE I		THE BEST	OF MY KNO	WLEDGE	WI if
IA THE ABOVE		2	9	10	For
(Informant)	John	and.	Brade	luj	usu
(Addr	000	ela	mo	10	19
15 Filed Dec	20 19	3 0 8	Chan	ller	

STATE OF MARYLAND CERTIFICATE OF DEATH

St.:

Registration Dist. No.

(If death occurred In

h Bradley fr	tion, give its NAME it - stead of street and number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH See	19 , 1930
17 I HEREBY CERTIFY, That att	1900 2
that I last saw h alive on	, 192,
and that death occurred on the date stated The CAUSE OF DEATH * was as follows:	above, at m.
armonde a	eerlest
Thomas we let most of	yrs. mos de.
Contributory Secondary (Dustion)	Suddenly
(Signed) Mlo Noch	auton M. D.
*State the l'issase Causing Death, Violent Causes, state (1) Means of Ir Accidental, Suicidal or Homicidal.	or, in deaths from njury and (2) Whether
18 LENGTH OF RESIDENCE (For Hospi	
Where was disease contracted,	teds.
if not at place of dea.h?	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Tong Green	Dec. 22, 1970
20 UNDERTAKER	ADDRESS
Dean & Jostes (	Bel Cin Md

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Stationary fireman, etc. But in many Architect, Locomotive engineer, (b)

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Whooping use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all (secondary or Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway trainapproved by Committee on (Recommendations on statement of cause of death as fracture of skull, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; intercurrent) Chronic and consequences (e. g., sepsis, etc. The contributory affection valvular heart Nomenclature of the need disease; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

K	
3	

S No. 1

	PERSONAL AND STATISTICAL PARTIC	ULARS	ME
3 5	EX 4 COLOR OR RACE SINGLE.  MARRIED, WIDOWED. OR DIVORC (Write the w.	ED Luge	16 DATE OF DEA
6 D	ATE OF BIRTH Dee 14	. 193	o Seel
	(Month) (Day)	(Yea	
7 A		If LESS t I day	hrs. The CAUSE OF I
8.0	0100010101010000		
1	CCUPATION		
110	CCUPATION a) Trade, profession or		
pa	a) I rade, profession or articular kind of work		***************************************
pa (b	a) I rade, profession or articular kind of work		
pa (b	a) I rade, profession or articular kind of work		Contributory
pa (b bu	a) I rade, profession or articular kind of work		Contributory
pa (b bu	a) Irade, profession or articular kind of work.  O) General nature of industry usiness, or establishment in hich employed or (employer).  ORTHPLACE (State or country)		
pa (b bu	a) I rade, profession or articular kind of work b) General nature of industry usiness, or establishment in hich employed or (employer)		
(b)	a) I rade, profession or articular kind of work b) General nature of industry usiness, or establishment in hich employed or (employer)  IRTHPLACE (State or country)		Secondary
(b)	1) Irade, profession or articular kind of work  2) General nature of industry usiness, or establishment in hich employed or (employer)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER	^	(Signed)
(b) W B	articular kind of work  articular kind of work  O) General nature of industry  usiness, or establishment in  hich employed or (employer)  ORTHPLACE (State or country)  10 NAME OF FATHER  Aug Bruson  11 BIRTHPLACE		Secondary (Signed)
(b) w	articular kind of work  articular kind of work  O) General nature of industry  usiness, or establishment in  hich employed or (employer)  IRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)	dder	(Signed)*State the Violent Cause Accidental, Suit
STN B	articular kind of work  of General nature of industry usiness, or establishment in hich employed or (employer)  IRTHPLACE (State or country)  10 NAME OF FATHER  OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE	- dder	(Signed)
(b) W B	articular kind of work  O) General nature of industry usiness, or establishment in hich employed or (employer)  IRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER	~	(Signed)*  *State the Violent Cause: Accidental, Suice the Violent Cause: Accidental Suice the Violent or Recent the Violent the
SHV BRANG	articular kind of work  of General nature of industry usiness, or establishment in hich employed or (employer)  IRTHPLACE (State or country)  10 NAME OF FATHER  OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE	edder,	(Signed)
SHV BRANG	articular kind of work  O) General nature of industry usiness, or establishment in hich employed or (employer)  IRTHPLACE (State or country)  10 NAME OF FATHER  OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 MAIDEN NAME OF MOTHER  (State or Country)	edder.	(Signed)
SHV BRANG	articular kind of work  O) General nature of industry usiness, or establishment in hich employed or (employer)  IRTHPLACE (State or country)  10 NAME OF FATHER  OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 MAIDEN NAME OF MOTHER  (State or Country)	<b>Adder</b>	(Signed)

### STATE OF MARYLAND ERTIFICATE OF DEATH

Registration Dist. No. 184

Ward)

(If death occurred in a hospital or institu-tion, give its NAME is stead of street and number.)

192
(Month) (Day) (Year) (Year)
17 I HEREBY CERTIFY, That I attended the deceased from
Bed ( 1925. to Del 7, 1929,
that I last saw h alive on 192,
and that death occurred on the date stated above, atm,
The CAUSE OF DEATH * was as follows:
***************************************
(Durstion)yrs,mosds,
i i i i i i i i i i i i i i i i i i i
Contributory
(Durstion)ds.
latinita (minimum and and and
dree 5 1924 (Address) 5 West mg
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
ients or Recent Residents)
At place of deathyrsmosds. In the Stateyrsmosds.
Where was disease contracted, it not at place of dea.h?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Roch Cem. Dec. 15,,30
Wiley Edward Belair Md.

to., Lequesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary froman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Nanager," "Deal-Physician, Compositor, Architect, Locomotive engineer, worked on may form part of the second statement. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJULY resulting from childbirth or miscarriage as Chronic valvular heart disease, etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N 6

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil sugineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on yrs). Farm loborer, Loborer-(b) Cotton mill; (a) Salesman. without more precise specification as Doy For persons who have no occupation (b) Automobile factory. The material -Cool mine, etc. Wom-6

Strtement of Cause of Death—Name, first, the DISEACH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature American Medical Association.) "PUERPERAL septicaemia," "PUERPERAL peritonitis, telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Semile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., scpsis, Examples: Accidental drowning; Struck by roilwoy train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid WhoopingRecommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic volvular heart disease, Example: Measles (disease etc. The " Haemorrhage, contributory M casles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1930

S. No. 1

	PLACE	OF DEATH			
	County /	tarfore	<u></u>		
Vi	llage or City	Belan	mes	(No	
	2FU!	LL NAME	4	osep	h H.
	PERSON	NAL AND STA	TISTICAL	PARTICI	JLARS
	male	4 COLOR OR F	MA WI OR	RRIED, DOWED. DIVORCEI	ingle
6 1	DATE OF BIR	тн			
			fonth)	(Day)	, 1929 (Year)
7 /	AGE	yrs.	8 mos.	5 d.	If LESS than I day hrs.
7"		etablishment in ed or (employer)			
	10 NAME OF	F	md !. Br		
NTS	11 BIRTHPL OF FATH (State or	ACE ER	md	own	
PARENT	12 MAIDEN OF MOTH	NAME ame	lia G.	Booke	N
	13 BIRTHPL OF MOTH (State or		md		
14	(Informant)	do	le B	0	<b>V</b>
15	Filed Mar.	24 1930,	Virginia	E. Cho	Registrar

03015

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Brown	St.:	Ward)	(If deeth of a hospital of tion, give its steed of a number.)	NAME in
MEDIC	AL CERTI	FICATE O	F DEATH	
16 DATE OF DEATH		may	23	1930
Mar 22 thet I lest saw had	GERTIFY,	That 1 atte	nded the dece	(Year)
and that death occur The CAUSE OF DEAT	red on the	data stoted a		
Per	tus	dia	••••••	
Contributory	(Du	ration)	_yrs mos	1.4 ds.
Mar. 24 193	7. <i>U.</i> 2. (Address) .	132	JUB	e M. D.
*State the I'Violent Causes, st Accidental, Suicidal	or Homicidal.			
18 LENGTH OF RE		For Hospite	ls, Institutio	ns, Trans-
At place of deethyrs	nosds.	In the State.	yrsn	nosds.
Where was disease conti				• •••••••
Former or usuel residence	• • • • • • • • • • • • • • • • • • • •	######################################	· ^ · · · · · · · · · · · · · · · · · ·	
19 PLACE OF BURIA			Mar 2	

ADDRESS

If more banks are needed, addre.'s State Registrar, 16 W. Seretoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quesbusiness. that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, household only (not paid Househeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed as At school, or At home. Care should be taken ." etc., Foreman, 01° For many occupations a yrs). For persons who have no occupation Farm laborer, At Home, and children, without more precise specification as Day (b) Automobile factory. The material Laborer-Coal mine, etc. single word or term on not gainfully em-Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE COUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fover (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." "(Exhaustion," "Heart failure, Haemouruage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; approved as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby cough; Committee on Chronic valvular heart disease; etc. The contributory Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact CORD , WITH UNFADING INK -- THIS IS A PERMANENT MARGIN RESERVED FOR BIN WRITE V. S. No. 1

	PLACE OF DEATH  County	04373 STATE OF MARYLAND CERTIFICATE OF DEATH
		Registration Dist. No. 185
•	Village or City AdelSace (No.	St.: Ward) (If death occurred in a hospitel or institution, give its NAME in-
lficate	2FULL NAME Mand Sh	stead of street and number.)
100	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
back of	Jemale Whate (Write the word)	16 DATE OF DEATH  Ofice 22, 1900'  (Month) (Day) (Year)
s on	6 DATE OF BIRTH  Ougust 7, 1868  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1927 to 19230, that I last saw h salive on Africa 21, 19230,
instruotion	7 AGE    If LESS than   I day hrs. or min.?	and that death occurred on the date stated above, at
See	8 OCCUPATION (a) Trade, profession or Housework particular kind of work	Herriplegia
rtant	(b) General nature of industry business, or establishment in which employed or (employer)	Mysocchattes yrs. J. mos. ds.
importa	9 BIRTHPLACE (State or country) Manyland:	Contributory Secondary  (Durstion), yis mos f ds.
very	10 NAME OF Shore	(Signed) heartes & Featy M.D.
ei NO	State or country) Way land	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAT	of MOTHER Levyande Walz.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OCCUPA	13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of deethyrsmosds. In the Stateyrsmosds. Where was disease contracted,
0	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not et place of deeth?
statement	(Address) Hall race Mar.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  ASLAW Lec. Lo. Apr. 24 19 30
ste	15 Filed apr. 24 1980 Chas. J. Foly 92	Lecundout Sou deberace
	If more blanks are needed, address State Registrat	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a er," etc., without more process of mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery: (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enor At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Stationary fireman, etc. But in many For persons who have no occupation

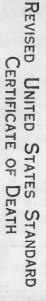
Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid Pneumonia"), Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. diseases resulting from childbirth or miscarriage as ".Puerperal septicuomia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc., "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondar, Whooping cough; Chronic valvular heart disease, Chronic interstitial nephritis, etc. The contributory approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, Examples: A ceidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY American Medical Association.) Recommendations on statement of cause of "Atrophy." "Collapse," "Coma," "Convulsions, perilonucum, etc., Carcinoma, Sarcona, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi or intercurrent) affection need not be ss important. Example: Measles (disease Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

		01271
ot	PLACE OF DEATH WITHIN CORPORATE	STATE OF MARYLAND
X X	County Karford	CERTIFICATE OF DEATH
ė	County	
i e	200	Registration Dist, No. 183
cate.	Village or City Held of the (No.	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
openy	FOLL NAME / OCCUPATION	7
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
/ be prick of	Male white Shingle, MARRIED, WIDOWD.  OR DIVORED PLEASE (Write the word)	16 DATE OF DEATH Opril 4th 1930
na) be	6 DATE OF BIRTH	(Month) (Day) (Year) (Y
0 0	(11, 1,	, 192 , to, 192
ns	(Month) (Day) (Year	
otic	7 AGE [IfLESS th	- 24
tru	0 1 dayh	
BE L	wrs. mos. ds. or min	berebral Hemmorrhage due to Fracture
ē 🤧	(a) Trade, profession or	of Skell accidently injured on B&O
E W	particular kind of work/	R Road new Belondere Station in beeil
nt.	(b) General nature of industry business, or establishment in	1 1 h
e fr	which employed or (employer)	C +
impo	9 BIRTHPLACE (State or country) North Parolus	Contributory Secondary (Duration) yrs
בל מ	10 NAME OF	(Signed) Martin P. Coley "Coroner" M. D.
2 2	FATHER CLUBURGE	- april 5th 1980 (Address) Havre de Brace
TION	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
4	of Mother Wales	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
State	13 BIRTHPLACE OF MOTHER (State or Country): Clerky 11	ients or Recent Residents)  At place In the of deathyrsmosds. Stateyrsmosds.
of o	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
sno	(Informant) oldels rape flor & tel	Former or usual residence
stateme	(Address) Heller Delle	The flat of Burial OR REMOVAL DATE OF BURIAL OF STORY 7-19 50
250	Filed april 5,030 Chas. J. Foley. In	20 UNIDERTAKER ADDRESS 24
		rar, 16 W. Saratoga St. Balto., Requesting V. S. No. 1.
	If more blanks are needed, address State Regist	rar, 10 W. Saratoga St., Datto., Kequesting V. S. No. 2.



(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The queswhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foroman," "Manager," "Deal-Spinner, Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Foreman, For many occupations a Farm laborer, Loborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Doy Compositor, Architect, Locomolive engineer, (b) Automobile factory. The material For persons who have no occupation single word or term on (b) Grocery;

Statement of Cause of Death—Name, first, the pisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrophilal fever the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup Typhoid Jever (never report "Typhoid Pneumonia"), Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomendature of the diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Corcinomu, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of lctanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anuemia" (merely symptomstated unless important. (secondar: or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic valvular hoort discase; Chronic interstitial nephritis, etc. The contributory as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway troin taken. Foll VIOLENT DEATHS state MEANS OF INJURY "Uruemia," "Weakness," etc., when a definite disease "Atrophy." "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi Meosles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

No 30

1PLACE OF DEATH	06762 STATE OF MARYLAND
County Torford	CERTIFICATE OF DEATH
	(13) Registration Dist, No. 184
B	(If death occur)
Village or City Hother (No	St.: Ward) a lospital or in tion, give Its NAR stead of street number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED.	16 DATE OF DEATH
male Clack (Write the word) Smyle	(Month) (Day) (Ye
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased
$(M_{\text{O}})$ $(D_{\text{av}})$ $(Y_{\text{ear}})$	that I last saw has alive on The 15 , 1
101 500 1	000
7 AGE    It LESS than   I day	
8 OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)mos
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs mos
10 NAME OF Leon Buckonon	(Signed) halle (Farrow)
OF FATHER Z (State or country)	*State the listase Causing Death, or, in deaths f Violent Causes, state (1) Means of Injury and (2) Whe Accidental, Suicidal or Homicidal.
of MOTHER MAME	10 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the of deathyrsmosds. Stateyrsmos.
(State or Country)	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dea h?
(Informant) Son Gonchaman	19 PLACE 05 BURIAL OR REMOVAL DATE OF BUR
(Address) / Listelling	John Start Dore Sty James Jan 19 ADDRESS
	I ZU DITUENTANTI

In the State......yrs......mos......ds. DATE OF BURIAL ADDRESS If more banks are needed, address tate negistrar, 16 W. Saratoga St., Bulto., Lequesting V. S. I.o. 1.

(If death occurred in

a hospital or institu-

tion, give Its NAME is -stead of street and

deaths from (2) Whether

Hospitals, Institutions, Trans-

That I attended the deceased from

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quosshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to e ch and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) ployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Serant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise\_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal menin\_itis"); Dinhlheria (avoid use of "Croup"); Typhoid fever (haver report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia");

> (secondary or intercurrent) affection need not be strated unless important. Example: Measles (disease "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Heamorrhage," causing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL seplicaemia," "PUERPERAL peritonitis," elc. tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping approved by telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsia, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Chronic interstitial nephritis, American Medical Association.) (Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY cough; Committee on Chronic valvular heart disease; nephrilis, etc. The contributory Nomenclature Always qualify all heart disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

No. 1

Ħ ż

	PLACE	OF	DEATH	
Ca	unty	Iar	ford	
4.0	unt)			

### 10465

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 15

Village or City Aberdeen, Md (No	St: Ward)  St: Ward)  (If death occurred im a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED.  MARRIE	16 DATE OF DEATH
AGE    If LESS than   I day   hrs.	and that death occurred on the date stated above, at 5.15 Am. The CAUSE OF DEATH * was as follows: Unknown Patient dead on arrival-I had not attended her before death-had been under care of Dr.F.P.Snodgrass  Darlington, Md.  (Duration)  Telegraphy to the contributory regardation course.
10 NAME OF FATHER PROCESS BURKS  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER  (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)	(Signed)
(Informant) Norman Burking  (Address) Aborden Md.  Files 19231 Registrar	Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  OCT 1, 19 D.  20 UNDERTAKER  ADDRESS  ADDRESS  ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public ... Health Association.)

er," etc., Without more Province, etc. Wom-laborer, Farm laborer, Laborer—Coul mine, etc. Womshould be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer ( of given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed g ged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a Civil engineer, Physician, Compositor, Architect, Locomolive engineer, report specifically the occupations of persons en-Foremon, first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Stationary fireman, etc. But in many (b) Automobile factory. The 'materia Grocery,

Statement of Cause of Death—Name, first, the Disea. If a course of Death (the primary affection with respect to these and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilieria (avoid use of "Croup"); Typhoja fever (never report "Typhoja fever report "Typhoja fever (never report "Typhoja fever report "

stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, taken. FOR WIGHENT DEATHS state MEANS OF INJULY "PUERPERAL seplicaemia," "PUERPERAL peritonilis," etc. ean be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping eough; Chronic valvular heart Chronic interstitial nephritis, etc. The con unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Aecidental drowning; Struck by railway train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State eause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease (secondary Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal eondi or intercurrent) affection need not be etc. The contributory Measles ; discase;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the date is essential and must be obtained before the certificate is permanently filed.

N. Br. Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PH. CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Estatement of OCCUPATION is very important. See instructions on back of certificate. CORD NET, WITH UNFADING INK--THIS IS A PERMANENT WRITE

ING

MARGIN RESERVED FOR BI

V. S. No. 1

PLACE OF DEATH	15049 STATE OF MARYLAND
County Herford,	@ CERTIFICATE OF DEATH
WITHIN CORPOL	Registration Dist. No. / \$5
Village or City Hure de hale (No	St.: Ward)  St.: Ward)  a hospital or institution, give its NAME instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED.  MIDOWED, MIDOWED, OR DIVORGED (Write the word)	16 DATE OF DEATH 24 1928
6 DATE OF BIRTH  (Month) (Day) (Year)	that I jast saw h amalive on 1920,
7 AGE If LESS than	
alt 60 yrsds. ormin.?	The CAUSE OF DEATH * was as follows:
occupation (a) Trade, profession or particular kind of work	Cente Cerdiac Failurg
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)de,
BIRTHPLACE (State or country) Maryland	Contributory Secondary  Durstion yrs mos ds.
10 NAME OF John Buscher.	(Signed) The Clares Harn of Freuked
OF FATHER  (State of country)  Maryland.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
TE 12 MAIDEN NAME OF MOTHER UNIVERSE OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs mos ds. In the State yrs ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
19	Former or usual residence
(Informant) A. Bustier. M.d.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Mt 9 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
15 Filed Dec 27 1900 Chas. Joley M. D. Registrar	20 UNDERTAKER ADDRESS Lewington Haldestrace
	ir, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Solesmon. additional line is provided for the latter statement; it nature of the business or industry, and therefore an whatever, write None. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, r," etc., Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Form laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Whooping cough; Chronic valvular heart disease Chronic interstitial nephritis, etc. The contributory telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles, ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by roilwoy traintaken. For violent deaths state means of injury "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Never report mere symptoms or terminal condi-Carcinoma, Sarcoma, etc., of Example: Measles (disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the dath is essential and must be obtained before the certificate is permanently filed.

S. No. 1

5

N. B.

PLACE OF DEATH County Harford	01723 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Mean Januthanble  2FULL NAME John J. Can	St.: Ward) (If death occurred la a hospital or institution, give its NAME ir.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  Jefy 6, 1930  (Month (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h LM alive on Teb. 5 130
7 AGE    If LESS than   I day hrs.   or min.?	
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Secondary  (Ducation)
10 NAME OF FATHER Patrick Cair  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME	(Signed) T. Cart Fible M. D. Deb. 7. 1950 (Address) Jel Cart M. D. State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
(Informant) Faul Gain (Address) Joseph Hill	if not at place of death?  Former or usual regidence of the state of Burial  19 HACE or BURIAL  Library MA Febry 10, 1930.
Filed Ft 9 1920 NE Nur hardson Registrar  If more banks are needed, address tate Registra	Deaux Josto Bel an Md.  1. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from sary to know (a) the kind of work and also (b) the whatever, write Nonc. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationory fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, " etc., without more record minc, etc. borer, Farm laborer, Laborer—Coal minc, etc. Foreman, or At Home, and children, For many occupations a single word or term on without more precise specification as Day (b) Automobile factory. The materia not gainfully em-Wom-

Statement of Cause of Death—Name, first, the DISEANE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal furer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

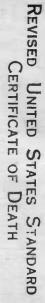
tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of tho injury, occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure, Haemorrhage, "Shock," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Meosles; American Medical Association.) Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; Chronicetc. valvulor heart Nomenclature The contributory discose;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N B.--Every Item of information should be carefully supplied ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain torms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. IANENT FOR BINDING WITH UNFADING INK---THIS IS A P MARGIN RESERVED WRITE

V. S. No. 1

PLACE OF DEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Woung dory No. 2FULL NAME No Woun	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Married, Willowed, OR DIVORCED (Write the word)	16 DATE OF DEATH May 6 , 1932 (Year)
Gonth) (Day) (Year)	that I last saw h D Griv Sort Selection 1920.
7 AGE  O yrs. O mos. O ds. or O min.?	The CAUSE OF DEATH * was as follows:
(a) I rade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yra ods
9 BIRTHPLACE (State or country) Cherry don wi	(Signed) Duration of the property of the prope
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME  12 MAIDEN NAME	*State the Discase Causing Death, or, in deaths from Violent Causs, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER MULLIUM FORM  13 BIRTHPLACE OF MOTHER  OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds. Stateyrsmosde
(State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  Was . Mildred Call	Where was disease contracted, if not at place of death?
(Address) abungden we	19 PLACE OF BURIAL OR REMOVATOR PATE OF BURIAL MELES, 193
Filed May 8 1930 C Must as Registral  If more branks are needed, address State Registrar	20 UNDERTAKER  When fuller  Chingler  Changler  Changler



(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: c fulness of various pursuits can be known. The queseupation is very important, so that the relative health tired 6 yrs). state occupation at beginning of illness. If retired from on at home, who are engaged in the duties of the additional line is provided for the latter statement : it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e g. I some or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. Civil engineer, Sectionary fireman, et . But in many Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Former (re-Housemaid, etc. definite salary), may be entered as Housewife, House-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm loborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the If the occupation has been changed -Coal mine, etc. Wom-Locomolive engineer, (b) (morery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect
to time and eausation), using always the same accepted term for the same diselve. Examples: Carebrospinal
fever (the only definite synonym is ""pidemic cerebrospinal meningitis"; Diphtheria avoid use of "Croup";
Typhoid fever (hear report "Typhoid Pneumonia";
Lobor meannoun Bronchopneumonum ("Pneumonia";

"( Exhaustion, " "Heart lallure, Liuemorinage, " (Shock, " "Inanition, " "Marasmus, " "Old Age, " "Shock," " "Uraemia, " "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease as fracture of skull, and consequences (e. g., sel.sis, telanus) may be stated under the head of "contributory" "PUERPERAL seplicaemia," "PUERPERAL perilonilis, can be ascertained as the cause. Always qualify all atie), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthonia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, carbolic acid-probably suncide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underdiseases (secondary or intercurrent) Whooping American Medical Association.) (Recommendations on statement of cause of accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-..... (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJUNY interstitial nephritis, resulting from childbirth or miscarriage as by Committee on Nomenclature of the cough; Chronic etc. affection need not be valuular heart disease; The Sarcoma,, etc., of contributory Measles ; ctc.

If this certificate is looked over thoroughly and all quertions answered in detail, it will prevent further correspondence. A. the data is essential and must be obtained before the certificate is permanently filed.

L-X	
(W)	
M	
~	

PLAGE OF DEATH	12492 STATE OF MARYLAND
County + arlord WITHIN CORPOR	CERTIFICATE OF DEATH
	Registration Dist. No. 185
Village or City Leve per Starles Miles	St.: Ward)  St.: Ward)  a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVIDING THE WORLD	(Month) (Day) (Year)
7 AGE (If LESS than	that I last saw h walive on Oct 15 , 1923
7 AGE   It LESS than   day hrs.   day or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	(Dustion) yes mos 15 de.
9 BIRTHPLACE (State or country)	Contributory Secondary  Oyranon yrs mos ds
10 NAME OF FATHER USS AND S. CHIMINGELL OF FATHER OF FATHER	(Signed) M. D. Oct 16 1930 (Address Farm of Farm Me)
(State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAM	*State the Disease Causing Death or in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents)  At place In the of death yrs
(Informate) (Slavers of MY KNOWLEDGE	if not at place of death?
(Address Perryalle Md.	20 UNDERTAKER  ADDRESS
Filed Oct. 13 1980 Chas. Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (o) Solesmon, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Former or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Former (regaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Housemaid, etc. If the occupation has been changed For many occupations a single word or term on especially in industrial employments, it is neces-Form laborer, Loborer-Coal mine, etc. Womwithout more precise specification as Doy

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor "pneumonia, Bronchopneumonia ("Pneumonia,")

> American Medical Association.) "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. tetanus) may be stated under the head of "contributory." occident; Revolver wound of head-homicide; Poisoned by "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. approved as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway troinor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvulor heart disease; Chronic interstition nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease ...... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as by Committee on Nomenclature 'Congenital," "Senile," etc.), "Dropsy,
> "Heart failure," "Haemorrhage, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data it essential and must be obtained before the certificate is permanently filed.

WRITE

No. 1

SI- act		PLACE OF DEATH
EX		County Harford
γ, Fled.		
exaCTL y classificate.	Vil	lage or City Van Bibber (No.
classiate.		91. 1
tific	_	<sup>2</sup> FULL NAME Calward
state properly of certifie		PERSONAL AND STATISTICAL PART
	3 9	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,
ACE should be that it may be stions on back	7	nale while WIDOWED OR DIVOR. (Write the w
houl t ma on b	6 1	DATE OF BIRTH
t it		Unknown
AGE that tions		(Month) (Day
~ 0		AGE
plied. ACE grams so that instructions		about 50 yrs. mos.
err e ir	8 0	OCCUPATION
su in t	( p	a) Trade, profession or Unknown
ully supplied plain terms nt. See insti	(	b) General nature of industry usiness, or establishment in
ref		which employed or (employer)
be carefully supplied. EATH in plain terms so important. See instru	9 E	SIRTHPLACE (State or country)  10 NAME OF FATHER  11 SIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER
	-	10 NAME OF
should E OF D is very		FATHER
sh is	δ.	11 BIRTHPLACE OF FATHER
ON ON	RENTS	(State or country)
formation tate CAUS	RE	12 MAIDEN NAME
Log	PA	OF MOTHER
stat Scu		13 BIRTHPLACE
00		OF MOTHER (State or Country)
should	14	THE ABOVE IS TRUE TO THE BEST OF MY KNO
sho		all o
		(Informant) Thomas yreene
>20		(Address) ban Bibber
CIAI	15	or , ,

Filed May 2 1930 2

04799

### STATE OF MARYLAND CERTIFICATE OF DEATH

CULARS

(Year) [If LESS than I day hrs.

ds. or min.?

WLEDGE

Registration Dist. No. 170

St.:	Ward)	tion, give it	occurred in or institu- s NAME ir- street and
MEDICAL CERTIF	ICATE O	F DEATH	
16 DATE OF DEATH			
april		,	198.30
		(Day)	
17 I HEREBY CERTIFY, T	hat I atter	nded the dec	eased from
192	o		, 192,
that I last saw halive on			, 192,
and that death occurred on the de	te stated a	bove, at 8.	30 P m.
The CAUSE OF DEATH * was as for	ollows:		
		y	<i></i>
Willedental	Kil	led &	y
( C) ( ) ( )	on	Phil	a Roa
Access Ac			·····
(Durat	ion)	.yrs m	osds.
Contributory		*****************	***************************************
(Dura	tion)	yısm	08da.
(Signed) Fred Mor	loke	Pany	MAKE
			and of
april 4, 1980 (Address)			7744_
*State the Disease Causing Violent Causes, state (1) Mean Accidental, Suicidal or Homicidal.	z Death, ns of Inju	or, in deat ry and (2)	Whether
18 LENGTH OF RESIDENCE (Fo	r Hospita	ls, Instituti	ons, Trans-
ients or Recent Residents)	In the		
At place of deathyrsmosds.		yrs	mosds.
Where was disease contracted, if not at place of death?	040000000000000000	***********************	
Former or usual residence			
19 PLACE OF BURIAL OR REMOV.	AL	DATE OF	BURIAL
almodon ber	netery	may	3. 1930
20 UNDERTAKER	1	ADDRESS	
Howard K Mot	omos	aling	don

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., Without was re---Coal mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, whatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. or given up on account of the DISEASE CAUSING DEATH, For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis, diseases can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Mcasles (disease Whooping use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as cough; Committee on Nomenclature of the Chronic affection etc. The contributory valvular heart need not disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate CORD MANENT WITH UNFADING INK--THIS IS A PE FOR BI MARGIN RESERVED WRITE V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Aryon WITMIN CORPORATE	CERTIFICATE OF DEATH
	Registration Dist. No. 185
Village or City famed Strong No. Chapse	Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single Wildowshill OR DIVORCED (Write the word)	16 DATE OF DEATH Par. 25, 19836  (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
1/kg /2 184°	7, 192, 192, 192
(Month) (Day) (Year)	that I last saw harmlive on 777, 1923
7 AGE  8 3  yrs. 6 mos. 3 ds. or min.?	and that death occurred on the date stated above, at
OCCUPATION (a) Trade, profession or	Cout myocodeli.
(b) General nature of industry	
business, or establishment in	(Duration) yis (mos) ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF JAM P	(Signed) Duration yrs
FATHER Wind Carly	UNV 1/2198 (Address) Havn or Jungly
of FATHER State or country)  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Maria Wilson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country). Inheron	ients or Recent Residents) At place In the of deathyrsmosds, Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
antomans the here Carty	Former or usual residence
(Address) Hove de Grace Md,	Wesleyan Chapellem Thr 25, 19 38
15 Filed Gov. 26 1920 Chas. J. Fely M. Registrar	20 UN DERFAKER Mihel N. de. B.
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesor given up on account of the DISEASE CAUSIN, DEATH, state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; if sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Plunter, whatever, write None. tired 6 yrs). busine. that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scread, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocr," etc., Foreman, (b) Automobile factory. The material especially in industrial employments, it is neces-For many occupations a Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation single word or term on 6 Grocery

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (arebyopinal fever (the only definite synonym is "Epidemic erebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicuennia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephralis, use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-(secondar, or intercurrent) affection need not be American Medical Association.) Recommendations on statement of cause of "Atrophy." "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condi cough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHTSL CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD NET, WITH UNFADING INK-THIS IS A PERMANENT ING MARGIN RESERVED FOR BI WRITE F

V. S. No. 1

PLACE OF DEATH	15650 STATE OF MARYLAND
County Harford	CERTIFICATE OF DEATH
WITHIN CORPORATE LIM	Registration Dist. No. 183
Village or City oldelstrace, (No.	St.: Ward) (If death occurred In a hospital or institu- tion, give Its NAME In- steed of street and
2FULL NAME English Custa	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE MARRIED, WIDOWED OR DIVORCED	16 DATE OF DEATH December 22 nd, 1980
6 DATE OF BIRTH	(Month) (Day) (Year) (17 I HEREBY CERTIFY, That I attended the deceased from
may 5- 1909.	
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE If LESS than	and that death occurred on the date stated above, at 22 P. m.
2/ yrs. 7 mos. 16 ds. or min.?	The CAUSE OF DEATH * was as followed
B OCCUPATION	From Fractured Skill
(a) Trade, profession or Buck Layer.	
(b) General nature of industry business, or establishment in	(Durstion)yrs,mos,ds.
which employed or (employer)	Contributory automobile accident
9 BIRTHPLACE (State or country) Philadelphia Ta	Secondary (Durstion)y78mosds,
10 NAME OF John C. Castagnera	(Signed) Marting P. Foley Coroner M. D.
OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER UULLUJUU	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trens- ionts or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informan) Mrs. Lugene Custaguera	Former or usual residence
(Address) Bultainere ruks	Brewe Brak Pen Dec 2 19 30
15 Filed Dea 22 1920 Charles J. Faley D.D. Rogistras	Bully+ queler Balto, rus
If more bianks are needed, address State Registra	r, 16 W. Saratoka Sy., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the husiness or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed " etc., without more previous of mine, etc. Womborer, Farm laborer, Laborer—Coal mine, etc. Womborer, Farm laborer, above the report specifically the occupations of persons en-Foreman, For many occupations a especially in industrial employments, it is neces-(b) Automobile factory. The material For persons who have no occupation single word or term on 9

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dipluheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomapproved by Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Whooping cough; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of death Never report mere symptoms or terminal condiinterstitial nephritis, FOR VIOLENT DEATHS state MEANS OF INJURY Committee on Nomenclature of the Chronic valvular heart disease; etc. The contributory Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. 182
a	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	MEDICAL CERTIFICATE OF DEATH
1	16 DATE OF DEATH March 21, 1930
	(Month) (Day) (Year)
/	man 3   1985. to man 2   , 180, that I last saw her alive on oran 2   , 1830,
an rs.	and that death occurred on the date stated above, at 70, m, The CAUSE OF DEATH * was as follows:  Hammerlage & Gram
****	
	Contributory Secondary
_	(Signed) Oharle (T. Grand) M. D.  Was 12 1986 (Address) Oharl B. and
	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	At plece of death yrs mos. ds. State yrs mos ds. Where wes disease contrected, if not at place of dee.h?
1	Former or usuel residence
	Emory Cem, March 24, 1930
	20 UN DERTAKER BOILDERS

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Year

IIf LESS th

I day

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write None. tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day additional line is provided for the latter statement; it nature of the business or industry, and therefore an cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of report specifically the occupations of persons ennner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

10

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Chronic interstitial nephritis, ...... (name origin; "Cancer" is lcss definite; avoid American Medical Association.) as fracture of skull, Examples: Accidental drowning; Struck by railway train-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; and consequences (e. g., sepsis, etc. The contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

J. S. No. 1

m 2

PLACE OF DEATH	01724 STATE OF MARYLAND
County Harford	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Beller (No.	St.: Ward) (If death occurred in a hospital er institution, give its NAME in-
2 FULL NAME Hannah Chi	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale Colored Single, MARRIED, Indones OR DIVORCED (Write the word)	16 DATE OF DEATH ————————————————————————————————————
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the descared from Feb. 25 1230 to Teb. 28 1930
(Month) (Day) (Year)	that I last saw h line alive on Feb. 27 1930,
(Month) (Day) (Year)  7 AGE / (If LESS than	and that death occurred on the date stated above, at
afait 50 Hare I day hrs	
a OCCUPATION (a) Trade, profession or House Wife	
(b) General nature of industry	
business, or establishment in which employed or (employer)	Contributory Carcino una of bread
9 BIRTHPLACE (State or country Harford To )	Secondary
10 NAME OF	(Signed) A. F. Cau (5166e M.D.
FATHER TERRES HE LEWIS	Mar. 2 - 1980 (Address) Toll Pin, Ud
OF FATHER (State or country) Ballo Co; )	*State the Disease Causing Death, or, in deaths from Violent Causas, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of Mother Sarah andlesser	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
as alleta those	Former or usual residence
(Informant) Children A Do Ton	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Jaleston, Mi	Jalender (H Cen 3), 1930
15 Filed Mar 2 180/1E Kichardson	Harrelection & Gross Bergon, In

If more blanks are needed, address State Registrar, 16 W. Sarat a St., Balto., Requesting V. S. No. 1.

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the er," etc., without invariant real mine, etc. laborer. Farm laborer, Laborer—Coal mine, etc. should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (rc. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) eases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of oeor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed Physician, Compositor, Architect, Foreman, (b) Automobile or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Salesman. factory. The material Locomotive engineer, (b) Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup fever (the only definite synonym is "Epidemic cerchro-Spinal meningius ); Deputera (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); tohar pneumonia, Bronchopneumonia ("Pneumonia,") ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-

> "Inanition," "Heart failure," "Haemorrhage," "Shock," stated unless important. Example: Measles (disease and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-American Medical Association.) tetunus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injury can be ascertained as the eause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarconu., etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train . . . . . (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Corna," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), or intercurrent) Committee on Nomenclature of the Chronic affection necd etc. valvular heart The contributory disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the cartificate is permanently filed.

N. 83.--

PLACE OF DEATH	13836 STATE OF MARYLAND
County Hasford	CERTIFICATE OF DEATH
8	Registration Dist. No. 180
Village or City Someton (No	St.: Ward)  (If death occurred im a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 10 27, 19:30  (Month) (Day) (Year)
6 DATE OF BIRTH  NOT 25 , 1930	17 I HEREBY CERTIFY, That I attended the deceased from Nov. 25 192 0 to Nov 77 , 192 0
(Month) (Day) (Year)	that I last saw h alive on 777 27 1920,
7 AGE   If LESS than	
yrsmosds. ormin.?	
a OCCUPATION (a) Trade, profession or	Introcranial pressure due to rigid suture
particular kind of work	and no fortanel awark
(b) General nature of industry business, or establishment in	(Duration) yrs mos ds.
which employed or (employer)	Contributory Intercranical Pressure
9 BIRTHPLACE (State or country)	Secondary (Durstion) ys
10 NAME OF Jonne Chief	(Signed). M. D.
AL DIOTURI ACE	1 5 2 192 (Address) 200 Clu /MG
OF FATHER (State or country)	*State the lisease Causing Death, or, In deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Routh Crouse	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place in the State yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
The Cheek	usual residence
(Address) 2 motor Ind	Int Carnel DATE OF BURIAL NO 28, 1930
Filed Nov 28 1923 O Fred Markok Registrar	Heward K Mcloma Abong clenger
If mure banks are needed, addre.s State Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Firmer (reg ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEACH. worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, household only (not paid Housekeepers who receive a Physician, Compositor, Architect, ,, etc., report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material applies to each and every person, irrespective of For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day Stationary fireman, etc. But in many Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebroanal fever (the only definite synonym is "Epidemic creebrospinal meningitis", ; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar "paeumonia, Bronchopneumonia ("Pneumonia,"

> "Enaustion," "Heart land," "Old Age," "Shock," "Iracmia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway train State cause for which surgical operation was under-(secondary or intercurrent) affection need Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY for malignant neoplasms); Measles; Example: Measles (disease etc. The contributory valvular heart Nomenclature not be disease;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

W

4	
H	
RITI	
3	

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Harford	CERTIFICATE OF DEATH
0	Registration Dist. No. 185
Village or City Helrace (No.	St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME LUCIEL F. LL	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale Robert (Wite the word)	16 DATE OF DEATH Mar 9 , 19230 (Month) (Day) (Year)
March 9-, 1860	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)  7 AGE    If LESS than   1 dayhrs   1 day	and that death occurred on the date stated above, at
8 OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 3. yrs. mos. ds.
9 BIRTHPLACE (State or country) Maryland.	Contributory Secondary (Duration) yes mos 2 ds.
10 NAME OF GRADE Superson	(Signed) Learner Foly WD. 3/9 19BU (Address) January
OF FATHER (State or country) Maryland.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Weeken	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs mos ds. State yrs disease contracted
(Informant) Land Livety	if not at place of death?  Former or usual residence
(Address) Helsrace Duft	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL St. Jours augle Mel. 119 30:
15 Filed March 11 100 Chas. J. Faley, M. F. Registrar	Terrington Holding
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer—Coal mine, etc. Womsary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer—con munc, etc. woun-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery: (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Furner (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physicism, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of or At Home, and children, especially in industrial employments, it is neces-For many occupations a single word or term on Stationary fireman, etc. But in many not gainfully em-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted to time and causation, using always the same accepted to the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Surcoma, etc., of American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of letanus) may be stated under the head of "contributory." earbolic acid-probably sucide. Then ture of the injury, as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; l'oisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondar/ "Atrophy." "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; " '. Weakness," etc., when a definite disease or intercurrent) Chronic valvular heart affection need not be etc. The contributory Measles ; disease;

If this certificate is looked over thoroughly and al questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

00°

PLACE OF DEATH County Harful	CERTIFICATE OF DEATH
County	Registration Dist. No.
Village or City Serrynas (No	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, MARRIED, WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH  (Month) (Day) (Yea)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, that I attended the deceased from 1300, 12000, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 1200, 12000, 12000, 12000, 12000, 12000, 12000, 12000, 12000, 12000, 12000, 12
7 AGE    If LESS than   I day hrs. or min.?	and that death occurred on the date stated above, at 1.35 9.m.
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	(Durstion) yrs. mos. ds.  Contributory Secondary  (Durstion) yrs. mos. ds.
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  14 15 BIRTHPLACE OF MOTHER  16 17 18 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	(Signed)
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  15 Filed or 6 1920 Ochhichael	Where was disease contracted, it not at place of deah?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS
Registras	r, 16 W. Saratoga St., Bultd., Requesting V. S. No. 1.

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Fublic Health Association.)

er," etc., William ... Laborer-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a whatever, write None. or given up on account of the DISEASE CAUSING DEATH played, as Al school, or Al home. Care should be taken For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation -Coal mine, etc. Wom-

s; inal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same dise.se. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DISto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Lobar S. Inal mening (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebropneumonia, Bronchopnéumonia ("Pneumonia,

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrbage," st.ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL seplicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as "(E:haustion," "Heart failure," "Ilaemorrbage," "Inanition," "Marasmus," "Old Age," "Sbock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death); 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the tetanus) may be stated under the bead of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJU.:Y State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, cough; or intercurrent) affection Chronic valvular heart disease; etc. The contributory need not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the duta is essential and must be obtained before the certificate is permanently filed.

1930

--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD WITH UNFADING INK--THIS IS A PERMANENT SING MARGIN RESERVED FOR B WRITE

M. B.

PLACE OF DEATH County Warford	12493 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 182
Village or City Fallston RS'(No. 2FULL NAME Frank. P. Clark	St.: Ward) (If death occurred in a hospital or institu- tion, give lts NAME ir- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, MARRIED, Single Wildowed.  Whate Write Word (Write the word)	16 DATE OF DEATH Oct 13th , 1980 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Month) (Day) (Year)  7 AGE   If LESS than   I day	that I last saw h alive on 192 , 192
60 yrs. mos. ds. or min.?	no physician in attendence
(a) Trade, profession or Painter	Matural Cause
(b) General nature of industry business, or establishment in which employed or (employer)	Cente alcoholism; (Durstion) yrs. mos ds.
9 BIRTHPLACE (State or country) Md	Contributory Secondary (Durstion) yrs mos ds,
10 NAME OF Patrick Clark	(Signed) Virginia & Chambers Deputy log cetra Oct, 13 1980 (Address) Bel air, md
of Father (State or country)	*State the Disease Causing Death, er, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Margaret Kerr	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)  Md	At place In the of deathyrsmosds. 5tateyrsds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Clark Hitzatrick	Former or usual residence
(Address) Fills for mo	St. Francis Cem. abrigan, Oct, 16, 1930
15 Filed Oct 13 1930 V. E. Chambers Deputy Registrar	McComas & Son, abrigdon

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a)additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Housemuid, etc. If the occupation has been changed guged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on 3/r8). Form laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile foctory. The material (a) the kind of work and also (b) the (b) Grocery;

Strtement of Cause of Death—Name, first, the DISEANL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Carebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup!"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of "Exhaustion," "Heart failure," "Haemorrhage, (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease tetanius) may be stated under the head of "contributory." carbolic acid—probably suicide. The nature of tho injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is loss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e.g., scpsis, or as probably such, if impossible to determine definitely. can be ascertained as the cause. Whooping Examples: Accidental drowning; Struck by roilwoy train-"Atrophy," "Collapse," "Come," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease; Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

6

N

N. B.—Every Item of information should be carefully supplied. ACE chould be stated EXACLLY, PHYSI. CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD NENT NG MARGIN RESERVED FOR BIN WITH UNFADING INK--THIS IS A PER WRITE P V. S. No. 1

PLACE OF DEATH WITHIN CORPORATE LI	STATE OF MARYLAND CERTIFICATE OF DEATH
- County of the	Registration Dist. No. 185
Village or City Have de Gener Hosp 2FULL NAME Jassely H: Ele	St: Ward)  (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married Leagle Widowed, OR DIVORCED (Write the word)	16 DATE OF DEATH 2 9 30 , 192 (Month) (Day) (Year)
6 DATE OF BIRTH  March 29, 1930	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)  7 AGE    If LESS than   I day 3 hrs.   hrs.   or min.?	
B OCCUPATION (a) Trade, profession or particular kind of work	Tremalure Lufauf
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. de.
10 NAME OF FATHER WINES H. Clements	Secondary  Duration)  (Signed)  M.D.  *State the Usease Causing Death, or, in deaths from
CState or country) Maryland 12 MAIDEN NAME OF MOTHER Margrett G. Carter	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Maryland	At place of death
(Informant) M. James H. Clearly	if not at place of dea.h?
(Address) Werken MA  Filed Mue, 29 190 Chas. J. Foly. M. A. Hegistras	Sulfin Cerrety of March 30 1920. 20 UNDERTAKER ADDRESS Sensy Tanzana Sons Werdellen 16
If more blanks are needed, address State Registrate	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occunation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthwhatever, write None. g. ged in domestic service for wages, as Servant, Cook, ployed, as Al school, or Al home. Care should be taken should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of oc-Physician, Compositor, For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many Architect, Locomotive engineer, The ques-

Statement of Cause of Death—Name, first, the DISEAL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever—(the only definite synonym is "Epidemic cerebrospinal meningitis"); Diohtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,"

(Recommendations on statement of cause of telanus) may be stated under the head of "contributory." atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Hemorrhage," "Shock," "Old Age," "Shock," stated unless important. Example: Measles (disease approved by Committee on Nomenclature carbolic acid-probably suicide. The n ture of the injury, uccident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-Chronic etc. The contributory valvular heart disease; Measles; death

If this certificate is looked over thoroughly and a l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

4. S. No. 1

Z

PLACE OF DEATH	04375 STATE OF MARYLAND
County Harford.	& CERTIFICATE OF DEATH
Village or City Spa . (No	St.: Ward)  St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale. While Single Warried. Wildowed. OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That 1 attended the deceased from  192 to , 192 ,  that I last saw h alive on , 192 ,
7 AGE   If LESS than   day hrs.   day min.?	and that death occured on the date stated above, at
a) Trade, profession or particular kind of work  (b) General nature of industry  business, or establishment in	(Duration) yrs mos ds.
which employed or (employer)  BERTHPLACE (State or country)  10 NAME OF FATHER  PAGE  OF THE	Contributory Secondary  (Duration)  (Signed)  (Signed)  M. D.
11 BIRTHPLACE OF FATHER (Stave or/country) facford Co. Wed.  12 MAIDEN NATE OF MOTHER)	#State the Disease Causing Death, or, in deaths from Wioleat Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country factor of Country factor	ients or Recent Residents)  At place of death
(Information fuliar lowers)	Former or usual residence
Filed april 1930 Freed Share of Registral	HONDERTAKER  ADDRESS  Workings Y Joss Bluson  16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

taborer, Farm laborer, Laborer—Coal mine, etc. sary to know (e) the kind of work and also (b) the fulness of various pursuits can be known. whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Normant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Teal-Spinner, (b) Collon mill; (a) should be used only when needed. As examples: a) additional line is provided for the latter statement; is nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on yrs). without more precise specification as Day Compositor, Architect, (6) For persons who have no occupation n mill; (a) Sulesman. (b) Growry, Automobile factory. The material Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilieria (avoid use of "Croup"); "uphoid fever (never report "Typhoid Pneumonia"); "uphoid fever (never report "Typhoid Pneumonia,"); "Typhoid Pneumonia," "Typhoid Pneumonia," "Typhoid Pneumonia," "Typhoid Pneumonia," "Typhoid Pneumonia," "Typhoid Pneumonia," "Typhoid Pneumonia, "Typhoid Pneumonia,

atic), "Atrophy," "Collapse," "Coma," "Convulsions," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease inges, perilonacum, etc., Carcinoma, Sarcona, etc., of ..... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepses, telanus) may be stated under the head of "contributory" curbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite discuse "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) Whooping use of "Tumor" for malignant neoplasms); Measles unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenelature Examples: Accidental drowning; Struck by railway train (Recommendations on statement of cause of interstitial nephritis, cough; Chronic affection need etc. The valendar heart contributory " Shoek," not be disense; death

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

PHYSI-N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, P CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT B K FOR S UNFADING INK--THIS RESERVED MARGIN WITH

Village or City awarde Space (No/02 ).	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 185  Ward) (If death occurred in a hospital or institution, give its NAME in-
2FULL NAME Mary Unn	(ochran atead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH May 2 , 1930 (Month) (Day) (Year)
6 DATE OF BIRTH  (Month)  (Day)  (Year)	17 I HEREBY CERTIFY, That I attended the deceased from May 14 1980 to May 20, 1930 that I last saw here alive on May 20, 1930
7 AGE Syrs. 7 mos. 0 ds. lfLESS than I day hrs. or min.?	and that death occurred on the date stated above, at 3, m. The CAUSE OF DEATH * was as follows:
e OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	(Duration) yrs. mos de.  Contributory Cardina Starting Secondary  (Duration) yrs. mos de.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME)  ON AME OF FATHER (State or country) 12 MAIDEN NAME)  ON AME OF FATHER (State or country) 12 MAIDEN NAME)	(Signed) M. D.  *State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER arcina Christic  13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs
(Informant) 12 S. Innin are	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  May 23,930
Filed May 2/1930 Chas. J. Folia, M.D. Registrar  If more blanks are needed, address State Registrar	20 UNDERTAKER  Madison Mille N. D. M.  16 W. Saratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemoid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coul minc, etc. Wom-(b) Cotton mill; (a) Salesman. (b) For persons who have no occupation (6) Automobile factory. The material Grocery,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebros pinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopncumonia ("Pneumonia,")

tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicoemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railwoy traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY Chronic interstitial nephritis, inges, perilonoeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid American Medical Association.) Recommendations on statement of cause of Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

BIND

FOR

RESERVED

MARGIN

7. S. No. 1.

PLACE OF DEATH	USUAJ STATE OF MARYLAND
2400	CERTIFICATE OF DEATH
County County	Registration Dist. No. 183
20	Registration Dist. No.
Village or City Car Normanle-lld-(No.	St; Ward) (If death occurred in
$\mathcal{O}(\mathcal{O}(\mathcal{O}))$	a hospital or institu- tion, give its NAME in-
Lack Coil Ageloh	stead of street and number.)
2 FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
mage Whate Wildwed &	(Mohth) (Day) (Year)
(Write the word)	17 / I HEREBY CERTIFY, That I attended the desented from
6 DATE OF BIRTH	May 21- 19230/10 May 2/2, 1923
January - 19th , 930	that I last sow here alive on May = 2 1, 1930
(Month) (Day) (Year)	and that death occurred on the data stated above, at 5 20 9. m.
7 AGE If LESS than	
1 dayhrs.	The CAUSE OF DEATH it was as follows:
yrsds.lormin.?	I co be a stor of wall Gas
* OCCUPATION (a) Trade, profession or	Tilled vowers town gus
particular kind of work	
(b) General nature of industry business, or establishment in	(Durstion) flute nous I de
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
- July aug	(Duration)yrsmos da
10 NAME OF FATHER	(Signed) Valle Hawking M.D.
o II RIKTUPLACE	Ma. 21-1930 (Address) Laun From S
OF FATHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
(State or country)  (State or country)  (State or country)	Accidental, Suicidal or Homicidal.
of MOTHER Mary Glevens	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients, or Recent Residents) At place In the
OF MOTHER (State or country) Urginia	of death yrs mosds. State,yrs, mosda.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death)
Chan Comes	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL   DATE OF BURIAL
(Address) Mun frove	( · · · > 01-+ 1/1. 22 3.
15 mg 00 00	20 UNDERTAKER ADDRESS.
Filed May 22 1930 Thomas IP Brown	20 UNDERTAKER ADDRESS
Registrar	(War Web (dem grows)
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

05090 ----

### REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. ployed, as At school or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook. to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coul mine, etc. Wom-(a) Foreman, (b) Automobile factory. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH, Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully cmwithout more precise specification as Day The material

EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid pneumonia") : spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemie cercuro ed term for the same disease. Examples: Cercurospinal to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the Dispacamonia, Bronchopneumonia ("Pneumonia."

> conditions, such as "Asthenia," ary), 10 ds. Never report more symptoms or terminal use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanitlon," "Marasmus," "Old Age," "Shoek," symptomatic), "Atrophy," "Collapse," "Coma," "Concausing death), 29 ds.; Bronchopneumonia stated unless important. Example: Meastes Chronic interstitial nephritis, etc. The contributory ...... (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of and qualify as Accidental, Suicidal, or Homicidal, or "Puerferal septicaemia," "Puerferal peritonițis," "Dropsy," "Exhaustion," "Heart failure." "Haemor-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart discase; ment of cause of death approved by Committee on head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway State cause for which surgical operation was under-Nomenclature of the American Medical Association.) FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-"Anaemia" (disease (merely (second-

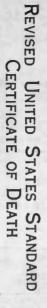
tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-All the data is essential and must be obtained before

the certificate is permanently filed.

BURMAU

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important, See instructions on back of certificate. CORD ANENT DING MARGIN RESERVED FOR BIN , WITH UNFADING INK--THIS IS A PE WRITE I V. S. No. 1

PLACE OF DEATH  County Composate LIMIT  WITHIN COMPOSATE LIMIT	13837 STATE OF MARYLAND CERTIFICATE OF DEATH
WITHIN CORPORA	Registration Dist. No. / > 2
Village or City the Scale Mans.	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME TOSEPHENTON	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE BINGLE. Suigle MIDOWED. OR DIVORGED - OR DIVORGED - (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE  Olt, 5-3 yrsmosds. ormin.?	and that death occurred on the date stated above, at #57 A: m. The CAUSE OF DEATH * was as follows:  Oronic Valvalar Lesson
B OCCUPATION (a) Trade, profession or particular kind of work	of the heart
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Cardial Failell Secondary (Durstion) yrs mos ds
10 NAME OF FATHER TURRELOWN.	(Signed) Martin P. Foley Coroner M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER  13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residenta)  At place of deathyrsmosds.
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Placa Stausburg	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed 100. 5 100 Charles & Foly Mrs. Rigistras	20 UNDERTAKER  Reunigtouglow Aldo Green
If more blanks are needed, address State Registre	r, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. (b) Grocery. man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation (b)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

5

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping cough; American Medical Association.) Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY or intercurrent) affection need Chronic etc. The contributory valvular Always qualify all heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state, occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery. (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Further the or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer -- Coat mine, evc. wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Lahorer," "Foreman," "Manager," "Deal-Civil engineer, tion applies to each and every person, irrespective of to report specifically the occupations of persons en-Physician, Compositor, Architect, For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. Locomotive engineer, But in many

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebro pink EAST CAUSING DEATH (the primary affection with respec Statement of Cause of Death-Name, first, the nis Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebratime and causation), using always the same accept pneumoniu, Bronchopneumonia ("Pneumonia,

3

permanently filed.

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

vered in detail, it will prevent further correspondence.

American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease carbolic acid-probably suicidc. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL scpticaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Uraemia, ""Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopncumonia (secondary) (secondary Whooping cough; It this certificate is looked over thoroughly and a l qu stions peritonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid or intercurrent) affection Chronic valvular heart disease; etc. The contributory necd not be etc., of

STATE OF MARYLAND CERTIFICATE OF DEATH classified. Registration Dist. No. 2 Ward) (If death occurred in a hospital er institution, give its NAME inproperly class stend of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. may b OR DIVORCED Write the word) I attended the deceased 6 DATE OF BIRTH 0 (Mon (Day) (Year) and that death occured on the date stated above, at, IIf LESS than 7 AGE I day hrs. The CAUSE OF DEATH \* was as follows: ...min.? 8 OCCUPATION 10 (a) Trade, profession or particular kind of work (1) (b) General nature of industry a business, or establishment in which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) AT ш 10 NAME OF 0 FATHER 0 11 BIRTHPLACE ENTS Discase Causing Death, or, in OF FATHER SO Violent Caus s, state (1) Means of Injury and (2) whether CAU (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME Œ 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate CCUP/ ients or Recent Residents) 1 occu 13 BIRTHPLACE In the At place of death.... OF MOTHER ... yrs......ds. Every Item of III CIANS should statement of OC (State or country) Where was disease contracted, if not at place of death? 14 THE ABOVE IS TRUE TO THE BEST Former or rusual residence. (Informant) DATE OF BUR If more banks are needed, address State Registrar, 16 W. Saratogs St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: a additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., I crimer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, et: But in many Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation 6 Automobile factory. The material -Coal mine, etc. (6) Grocery; Wom-

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "I pidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia Bronchopneumonia ("Pneumonia.")

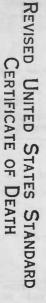
diseases resulting from childbirth or miscarriage "PUERPERAL scplicaemia," "PUERPERAL peritonitis," "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. telanus) may be stated under the head of "contributory and qualify as ACCIDENTAL, SUICIDAL, or HONICITAL, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, as fracture of skull, and consequences (e. g., set sis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. (secondary Chronic interstitial nephritis, American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Whoofing unqualified, ..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY by Committee on Nomenclature of the cough, or intercurrent) is indefinite); Tuberculosis of lungs, men-Chronic Example: Measles (disease etc. affection need not be valvular heart disease; The contributory Always qualify all ctc., or elc.

If this certificate is k-oked over thoroughly and all qu-fions answered in defail, it will prevent further correspondence. . the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD MANENT DING IY, WITH UNFADING INK-THIS IS A P. MARGIN RESERVED FOR B WRITE

V. S. No. 1

County Hours	0499 STATE OF CERTIFICAT	MARYLAND E OF DEATH
arlaber.	Registration	
2FULL NAME Wellow January	Corund .	a hospital or institu- tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month)	2/ , 19 <u>3</u> 0 (Day) (Year)
S DATE OF BIRTH Jan 24, 1858	17 HEREBY CERTIFY, That I at	tended the deceased from
(Month) (Day) (Year)	and that death occurred on the date state	74-P
7/ yrs. // mos. 27 ds. or min.	. The CAUSE OF DEATH * was as follows:	d above, at .V. V. V
(a) Trade, profession or fortung	Amie My oco	uditio
(b) General nature of industry business, or establishment in which employed or (employer)	(Ouration)	yrs. 7 mos ds.
9 BIRTHPLACE (State or country) Way level	Contributory Secondary (Dumin)	
10 NAME OF James Cotul	(Signed)	lo Evors M.D.
of Father (State or country) May lend	*State the Disease Causing Death Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	or, in deaths from njury and (2) Whether
of Mother Lawella Wentt	18 LENGTH OF RESIDENCE (For Hosp	
13 BIRTHPLACE OF MOTHER (State or Country)  Manyloud		e ateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?	***************************************
(Informant)	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
(Address)	bingdon Cemetery	Jan. 24 , 130
Filed Jun 23 1920 Thred Morlok	Howard K.McComas.	Abingdon, Md.
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V.	S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. can be ascertained as the cause. Whooping unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death American Medical Association.) FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic valvular heart disease; etc. The contributory Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD ANENT A PL WITH UNFADING INK---THIS IS N. B.--

SING

BIN

FOR

MARGIN RESERVED

V. S. No. 1

	PLACE OF DEATH	13838 STATE OF MARYLAND
	County Harford	CERTIFICATE OF DEATH
	7000+	Registration Dist, No. 182
	Village or City / allston (No.	St.: Ward) (If death occurred in a hospital or institu-
	2FULL NAME Milliam Wilks	inson Corbin tion, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male White Single, Married OR DIVORCED OR DIVORCED (Write the word)	(Month)—(Day) (Year)
,	6 DATE OF BIRTH  MOS.  (Month)  (Day)  (Year)	that I last saw he was live on 200 5 1920.
	7 AGE  (Month) (Dáy) (Year)  1 dayhrs. ds. or min.?	and that death occured on the date stated above, at 6 P. m. The CAUSE OF DEATH * was as follows:
	OCCUPATION (a) Trade, profession or	
d	particular kind of work farmer	avorio eclesionia
	(b) General nature of industry business, or establishment in	(Duration) yrs y mos ds.
	9 BIRTHPLACE (State or country)  Marshand	Contributory Secondary (Duration) - via C. 1908 de
	10 NAME OF MM M. Carbin	(Signed) havell & Copyright D.
	of FATHER  (State or country)  Maryland  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
	of MOTHER Catherine Stormer	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or country) Pennsylvania	At place In the of death yrs. mos. ds. State yrs. mos. ds.
5	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) Jos. Corbini Fallston Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
3	(Address) Jacks (15 Filed Nov. 7 1980. O. E. Chambers Registra)	20 UNDERTAKER Benson med
	If more banks are needed, address State Registrar,	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House, en at home, who are engaged in the duties of the (a) Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As cramples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH Housenwid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return 'Laborer,'" "Foreman," "Manager," "I culcupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Physician, Foremun, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day Compositor, Architect, For persons who have no occupation -Coal mine, etc. Locomotive (b) engineer, (hunous) Wom-

spinal meningitis"); Diphtheria (avoid use of "Croup"; "rphoid fever (never report "Typhoid Pneumonia"); ed term for the same disease. Examples: Cercbiospinal to time and causation), using always the same accept HASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the up (the only definite syncnym is "Epidemic cerebro pneumonia, Bronchopneumonia ("Pneumonia,"

> "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease temmus) may be stated under the head of "contributory. "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measless inges, peritonaeum, etc., Carcinoma, Sarcona, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menus fracture of skull, and consequences (e. g., sepses, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely taken. For violent deaths state means of injury Chronic interstitial nephritis, approved by Committee on (Recommendations on statement of cause of death accident; Revolver wound of head homicide; Poisoned by Examples: Accidental drowning; Struck by railway trein and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) resulting from childbirth or miscarriage as cough; Chronic etc. The contributory affection need valuatar Nomenclature of the heart disease; not be

answered in detail, it will prevent further correspondence. data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all questions

permanently filed.

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CORD ANTH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR B WRITE V. S. No. 1

PLACE OF DEATH	09320 STATE OF MARYLAND
County Harford WITHIN CORPORATE LIA	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Helbrace (No. 2	St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
2FULL NAME Devery lox	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white (Write the word)	16 DATE OF DEATHUR 16 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
august 15: 1900	My 9 1970. to Circly 8 , 1927 (
(Month) (Day) (Year)	that I last saw held alive on fliff 199 1
7 AGE If LESS than I dayhrs.	and that death occurred on the date stated above, at
30 yrs. — mos. & ds. or min.?	le cause of Bearing was actionous.
a OCCUPATION (a) Trade, profession or harticular kind of work	Type will Hergy
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsds.
9 BIRTHPLACE (State or country) north Carolina	Contributory Secondary (Duratten) yes mos ds.
10 NAME OF JOE POX	(Signed) M. D.
OF FATHER  (State of country) Northerarolius	/*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Control Reserved	16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER  14 A A A A A A A A A A A A A A A A A A A	ients or Recent Residents) At place of deathyrsmosds.
(State or Country).  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Jrsp Lill -h.C.
(Informant) Hallrace Hospital	Former or usual residence Yasp hell-k.C.
(Address) Has Grace ned.	Elkur - n.l. Date of Burial  Clkur - n.l. aus , 27, 1920
Filed aug 19 1020 Chas Joley M.D.	Tennyton How Holder Held
If more branks are needed, address State Registrate	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (o) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (o) the kind of work and also (b) the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationory fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of Foremon, (b) Automobile factory. The material or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a yrs). without more precise specification as Day For persons who have no occupation single word or term on (b) persons en-Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemiz cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) (secondar or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meosles; inges, peritonucum, etc., Corcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Huemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Branchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis earbolic ocid-probably suicide. The n ture of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi Committee on Nomenclature of the Chronic valvular heart disease, etc. The Always qualify all contributory

If this certificate is looked over thoroughly and a I questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CLANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact classes of the control of the carefully should be carefully should be controlled to the control of controlled to the carefully should be carefully should be carefully classified. CORD . ANENT MARGIN RESERVED FOR BINDING Y, WITH UNFADING INK-THIS IS A PL WRITE B

0	PLACE OF DEATH County Harfort	15052 STATE OF MARYLAND CERTIFICATE OF DEATH
A	County Harford WITHIN CORPOBATE	Registration Dist. No.
	Village or City Hellerge, (No	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
חממר הי	Temple white (Write the word)	(Month) (Day) (Year)
5 610	Month) (Day) (Year)	that I last saw h walive on Doc A, 1920,
natract	7 AGE   If LESS than   I day //2 hrs.   or min.	and that death occurred on the date stated above, at
996	(a) Trade, profession or particular kind of work  (b) General nature of industry	My heart
	business, or establishment in which employed or (employer)	(Durstion) mos. de.
oduli	SBIRTHPLACE (State or country) Maryland,	Contributory Secondary  (Duration)
s very	10 NAME OF FATHER Davener Presurer	(Signed) (Address) JA Januar an State
2	OF FATHER  (State or country)  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
4	of MOTHER Mary to & Spirite	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)  Caryland.	At place of death
פחו סו	(Informant) Pure Les Lines	Former or usual residence
laterne	(Address) Have de Grace, MA.	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  QUARTER 19 19 19 19 19 19 19 19 19 19 19 19 19
30	15 Filed Dec. 9 100 Clas J. Foley D.D., Registrar	Leveryton Hore Helsrace in
	If more bianks are neaded, address State Registra	r, 16 W. Saratoga St. Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more process. I aborer, Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. whatever, write None. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropay," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; Chronic valvular heart disease; American Medical Association.) approved by telanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury ...... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, Recommendations on statement of cause of death perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Committee on Nomenclature etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must he obtained before the certificate is permanently filed.

N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in piain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD NET, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BI WRITE I

V. S. No. 1

PLACE OF DEATH  County Harford WITMIN CORPORATE LIMIT	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 185
Village or City Hay Have de Grac (No. in Chesepea	ke Bay Channel St. Soat Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single 6 DATE OF BIRTH  Lanuary // 1/2 , 1903	(Month) (Day) (Year) (Month) (Day) (Year) (17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192,
(Month) (Day) (Year)  7 AGE    If LESS than   I day hrs.   or min.	and that death occurred on the date stated above, at 115 P.m.  The CAUSE OF DEATH * was as follows:  Embolus Brains
(a) Trade, profession or particular kind of work Contractor  (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) vis mos ds.  Contributory bardiac Failure
(State or country)  Maryland  10 NAME OF FATHER S. Martin John bromwill  11 BIRTHPLACE OF FATHER (State or country)  Maryland  Maryland	(Signed) Martine R. Soley Coroner M. D.  Nov. 2nd 1920 (Address) Marride Grace, Md.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homlcidal.
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  12 MAIDEN NAME Dettie Jenkins  Maryland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.  Where we disease contracted.
(Informant) Later Franklin Dromwell  (Address) Lake Roland Mod	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  May A Contraction of Cemeters Sunton, 1932
Filed Jos 3 19230 Sharles J Foliay 270	20 UNDERTAKER Sons Co McColough & Orchan Tenny & Jenkons & Sons Co McColough & Orchan To W Saratoga St., Balto., Requesting V. S. No. 1. Corchan
	V



(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken to report specifically the occupations of persons enshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook. Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-Spinner, (b) Collon mill; (a) Salesman, the first line will be sufficient, e. g., Farmer or Planter, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptom-..... (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury can be ascertained as the cause. Always qualify all American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 5

CORD	ated EXACTLY, PHYSI- operly classified. Exact certificate.	Village or City Aberdeen No. Nd. P.	St.: Ward)  St.: Ward)
H	A4 5.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ING	be s be p ck of	Male White Spingle, Married OR DIVORGED (Write the word)	16 DATE OF DEATH WE 13, 1980  (Month) (Day) (Year)
Price	t m	March 13, 1863	17 I HEREBY CERTIFY, That lastended the deceased from
A A	ACE tha tion	(Month) (Day) (Year)	that I last saw herealive on 100 1 120
THIS IS	iled. ACE sms so that instructions	7 AGE    If LESS than   I day hrs.   I day hrs.   or min.	and that death occurred on the date stated above, at
SERVE INKTH	supp in teri	(a) Trade, profession or particular kind of work	Racher ribs on right, Lide.
S A	e carefully ATH in plai mportant.	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) Syre S mos Ods
ARGIN I	Ф П	9 BIRTHPLACE (State or country) Maryland	Contributory Secondary  (Duration)  O yr O mos. O ds.
MAF H UN	oF D	11 BIRTHPLACE	(Signed) M. D. Nee 16 1920 (Address) Clerken W. D.
WIT	CAUSE TION I	OF FATHER  (State or country)  12 MAIDEN NAME  12 MAIDEN NAME  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
χ,	E od	of MOTHER Clinabelle ourtree	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
3	inford state	13 BIRTHPLACE OF MOTHER (State or Country) Maryland	At place In the of deathyrsmosds, Stateyrsmosds, Where was disease contracted,
Ш	oule of	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
ZITI	sh	(Informant) Mes. L. Lovine Croning	Former or usual residence
WF	very i	(Address) aberdeen Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL.
P	S C E	15 File DEV 16 1031 Of Menhad	20 UNDERTAKER ADDRESS

If more blanks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more prevent of the laborer, Farm laborer, Laborer—Coal mine, etc. Womlaborer, Farm laborer, Laborer—to the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Civil engineer, Physician, tion applies to each and every person, irrespective of gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. For many occupations a single word or term on yrs). For persons who have no occupation (b) Cotton mill; (a) Salesman, Compositor, Architect, Stationary fireman, etc. But in many Locomolive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the Drs. EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept, ed term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); spinal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Permanently filed.

Chara is essential and must be obtained before the certificate is

telanus) may be stated under the head of "contributory." If this certificate is looked over thoroughly and all questions Recommendations on statement of cause of death American Medical Association.) stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"Uraemia, ""Weakness," etc., when a definite disease Chronic interstitial nephritis, Whooping cough; Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature of the not be

	Р
	WRITE
1 04	
ń	
•	

<sup>1</sup> PLACE OF DEATH	10851 STATE OF MARYLAND
1/2/21	CERTIFICATE OF DEATH
County / Carrier	Registration Dist. No. 190
Village or City BLL Air R. 7 L'(No.	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
2FULL NAME Define 101	Accour.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE, MARRIED, Single Wildows OR DIVORCED (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the decembed from
6 DATE OF BIRTH	Close 27 19230. to Sept 29 , 19220
(Worth) (Day) (Year)	O.30
7 AGE	4.4
yrsds. ormi	
(a) Trade, profession or particular kind of work of industry business, or establishment in	preceded by gastro-entiritio cut Br.  (Duration) your state mos. de.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)  Moud 1	Secondary Derstion yrs
10 NAME OF FATHER Coulling	(Signed) Chus Refundson M. D
OF FATHER  (State or country)  (State or country)	*State the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME Schna Coulling	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE.  OF MOTHER (State or country)	At place In the State yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was usedes continued if not at place of death?
(Informant) Jame Cullin	usual residence.  19 PDACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Bel His, R. f. D	Coluary Centy Oct ( , 1930
15 Filed Oct / 1980 Fred Morlok	Loward & melounes Aborgolon,
If many hanks are needed, addross State Regis	trar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation should be used only when needed. As examples: 'a en at home, who are engaged in the duties of the fulness of various pursuits can be known. whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemard, etc. gaged in domestic service for wages, as Servout, Cook, to report specifically the occupations of ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Wever return 'Laborer," "Foreman," "Nanager." 'Deel-Spinner, (b) Cotton mill; (a) Salesman. (b) (a) Foremen, (b) Automobile factory. The nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocor For many occupations a single word or term on Farm leborer, Laborer-Coul mine, etc. Wom-At Home, and children, not gainfully emwithout more precise specification as Day Stationary fireman, etc. But in many If the occupation has been changed Architect, Locomolive engineer, persons en-The quesmateria Grecery;

spinal meningitis"); Diphtheria (avoid use of "Croup ed term for the same disease. Examples: Cerebrospipal to time and causation), using always the same acceptspinal meningitis"); D(phtheria (avoid use of "Croup");
Typhoid forer (never report "Typhoid Pneumonia";
Lohur pneumonia, Bronchopneumonia ("Pneumonia," EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-(the only definite synonym is "Epidemic cerebro-

> tclanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicacnia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Urnemia," "Weukness," etc., when a definite disease "Deblity" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy." "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Annemia" (merely symptomcausing death), 29 ds.; Bronchopmeumonia (secondary), stated unless important. Example: Meosles (disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved as fracture of skull, and consequences (e.g., sepsis, varbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage (secondary or intercurrent) Whooping American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by roilway train Never report mere symptoms or terminal condiinterstitial nephritis, by cough; Committee on Nomenclature of the Chronic affection need not be etc. valvular heart The contributory Meastes; disease;

data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all questions

permanently filed.

N. B.--Every item or information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD MANENT MARGIN RESERVED FOR PAUDING LY, WITH UNFADING INK--THIS IS A P WRITE

1PLACE OF DEATH	13840 STATE OF MARYLAND
County Harford	CERTIFICATE OF DEATH
	Registration Dist. No. / 8
Village or City Werden PiNof D	St.: Ward) (If death occurred in a hospitul or institution, give its NAME in
2FULL NAME Mildred & Cur	at and of atmost and
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, Single WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH // 19830 (Month) (Day) (Year)
6 DATE OF BIRTH 10 . 1930	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h Calive on Man 1923
7 AGE   If LESS than	and that death occurred on the date stated above, at 4100 C.m.
I dayhrs	
yrsds. ormin.	
(a) Trade, profession or particular kind of work	To been
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs. mos/ ds.
9 BIRTHPLACE 9	Contributory X Lash Secondary
(State or country)	Secondary (Dutation) yrs mos de
10 NAME OF FATHER 1 - P -	(Signed) Ty . Leiver 1 M. D.
IL BIDTHPLACE	Mr 17 1930 (Address) Harn Ong- My
OF FATHER Z (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
T 12 MAIDEN NAME Q OF MOTHER Q	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
(State or Country) Maryland	of deathyrsmosds, Stateyrsmosds.  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Ha Boliest C. Carry	Former or usual residence.
100-0- 200 HED	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Wellen Ma. 11.10	Bapus Cemeter How 18, 1930
15 Fild Jov. 17 19230 Muchan	20 UNDERTAKER ADDRESS
Registrar	Henry Jaring toms Whitala Rich
If more branks are needed, address tate Registra	ar, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specification as  $\nu ay$  laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. or given up on account of the DISEASE CAUSING DEATH, For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; nephritis, etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ACE should be stated EXACTLY, PHYSI-CORD MANENT 15 of information should be carefully supplied. WITH UNFADING INK--THIS RESERVED N. B.-Every item of CIANS should

C		of DEATH Harford		( <del>)</del> 7	0500 STATE OF MARYLA	
			***************************************	(II	Registration Dist. No./	
Villa		Aberdeen, N		·ry	St.: Ward) (If death a hospital tion, give stead of number.)	
		IAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
3 SE	ale	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	Single	16 DATE OF DEATH Jan. 6th/30  (Month) (Day)	
6 D	ATE OF BIR	Sept.	23	, <sub>1</sub> 923	Jan. 4 th/30 CERTIFY, That I attended th/3	
		(Month)		(Year)	that I last saw himalive on Jan .6th/30	
7 AC	GE	5 yrs. 3	13 ds.	If LESS than and that death occurred on the date stated above I day hrs. The CAUSE OF DEATH * was as follows:		
a occupation (a) Trade, profession or None particular kind of work			ne	***************************************	following administration of scarlet fever anti-toxin	
(b) General nature of industry business, or establishment in which employed or (employer)				Contributory Respirationy paral Secondary (Duration)		
10 NAME OF Frank D.Curry				(Signed) P. Thompson Sem 6 th 1980 (Address) Ase dea		
ENTS	OF FATH (State or	E D	sylvania		*State the Disease Causing Death, or, in de Violent Causes, state (1) Means of Injury and (Accidental, Suicidal or Homicidal.	
ARE	OF MOTH	0.30	e Todd		18 LENGTH OF RESIDENCE (For Hospitals, Institu	
OF MOTHER (State or Country) Maryland			yland	ients or Recent Residents)  At place In the of death yrs		
14 T	(Informant	F.D.Cu	of MY KNOWL	EDGE	Where was disease contracted, if not at place of death?  Former or usual residence	
(Address) Aberdeen, Md			en,Md	Grove Cemetery 2		
15	Filed HE	n 7 19230 (S	Mec	Registrar	Pennington & Son Havre	

0000	STATE OF	MAR	YLAND
0500	CERTIFICATI	E OF	DEATH

Registration Dist. No. 181

St.: Ward)	
	tion, give its NAME in stead of street and

Havre de Grace

16 DATE OF DEATH Jan. 6th/30	, 192
(Month)	(Day) (Year)
Jan. 4th/30 CERTIFY, That I att	
that I last saw him alive on Jan . 6	th/30 192
and that death occurred on the date stated The CAUSE OF DEATH * was as follows:	labove, at 3,30P m
Scarlet fever-anaphyla	xis
following administrat	
scarlet fever anti-tox	
0==03**000**00**00**00**00**00**00**00**	7
Contributory Respiratory Secondary	paralysis de
(Duration)	yrsds.
(Signed) T. P. Thompson	M. D.
(Address)	e de Mod
*State the Disease Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	or, In deaths from jury and (2) Whether
18 LENGTH OF RESIDENCE (For Hospi	tals, Institutions, Trans
At place of death yrs mos. ds. In the	teyrsmosds
Where was disease contracted, if not at place of death?	
Former or usual residence	**************************************
19 PLACE OF BURIAL OR REMOVAY	Jan.7/30
Grove Cemetery 2	ADDRESS
20 LINDERTAKER	ADDRESS

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only-when needed. - As examples: (a) nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemoid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cooks to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Foremon, . For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). Farm laborer, Laborer-(b) Cotton mill; (a) Solesmon. (b) Grocery; emon, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation -Coal mine, etc.

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtherio avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonio, Bronchopneumonia ("Pneumonia,"

> tetonus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meosles; inges, perilonoeum, etc., Carcinoma, Sorcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," Wardasmus, when a definite disease "IIraemia," "Weakness," etc., when a definite disease "Dehility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy troinand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephratis, cough; Chronic affection need not be etc. The contributory valvular heart

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

PLACE OF DEATH	09321 STATE OF MARYLAND
County Harford	CERTIFICATE OF DEATH Registration Dist. No. / 8 2
Village or City Rocks (No	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Jane Roberta	tion, give Its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale A COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORGED (Write the word)	16 DATE OF DEATH Quy /8 , 1920 (Month) (Year) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h alive on 1920.
7 AGE   If LESS than   I dayhrs.   ormin.?	and that death occured on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work	Stel-form (6 ms)
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. Mos. ds.
9 BIRTHPLACE (State or country) Rocks, Ind	Contributory Secondary  (Duration) yrs. mos. ds.
10 NAME OF FATHER Errest G. Curtis	(Signed) Willard G. Hudson M. D. Our 19 180 (Address) Forst Live mod
OF FATHER (State or country)	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Mary Isolulle Green	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not of place of death?
(Informant) May Green	usual residence
(Address) Rock, 2nd	Cheelmut Grove Cen ang 19, 1000
Filed aug 19 1920/12 Michardson Registral	must Curling Pooles
If more banks are needed, address State Registrar,	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health tired 6 yrs). state occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager." "Tool-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples : 'a' additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enplayed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Foreman, (b) Automobile factory. The insterial For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc Timwithout more precise specification as Day For persons who have no occupation Salesman. Locomotive engineer, (b) Gracery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Cobar pneumonia, Bronchopneumonia ("Pneumonia");

> as fracture of skull, and consequences (e. g., sensis, telunus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, atic), "Atrophy," "Collapse," "Coma," "Convulsions," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinonu, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as Whooping American Medical Association.) Examples: Accidental drowning; Struck by railway train-. . . . . (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; "Heart failure," "Haemorrhage, Chronicaffection need etc. valvular heart Nomenclature of the The contributory disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A. It he data is essential and must be obtained before the certificate is permanently filed.

PHYSI-

CIANS should effect CAUSE OF DEATH in plain terms so that it may be proporty classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DING ON	A F MANENT CORD	E should be stated EXACTLY, I at it may be properly classified ins ca back of certificate.
MARGIN RESERVED FOR BITCHE	WRITE F., WITH UNFADING INKTHIS IS A F MANENT CORD	-Every item of information should be carefully supplied ACE should be stated EXACTLY, I CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified statement of ACCUPATION is very important. See instructions on back of certificate.

10

ż

5. No.

	PLACE OF DEATH  County Harford  Aberdeen Proving Ground (No	01725	STATE OF I CERTIFICATE Registration I	OF DEATH
	2FULL NAME HELEN HOYT DANIELS	M440400 AADSS 4 4 5 5 0 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	omhhamAqoogss6cocsscsus <b>cs coass</b> ssssssssss	tion, give its NAME is stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICA	AL CERTIFICATE	OF DEATH
	Sex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. Married OR DIVORCED (Write the word)	16 DATE OF DEATH Fe February	bruary 10th (Month) 1(	, 19 <b>2</b> 30
3 6	August 9 , 1897 (Month) (Day) (Year)	17 I HEREBY February 3 that I inst saw h. Or	CERTIFY, That I att1950.toFebrus	ended the deceased from usry 10, 1970. ury 9, 19230
	If LESS than   day hrs.   lds   ds   ds   ds   ds   ds   ds   d	The CAUSE OF DEAT	H * was as follows:	above, at 7.10 Am,
( P(1)	a) Trade, profession or articular kind of work Housewife b) General nature of industry usiness, or establishment in Housework which employed or (employer)			
9 E	(State or country) Burlington, Vermont	Secondary	Mone (Duration)	fisds.
	10 NAME OF FATHER Edward V. Hoyt	(Signed) UEOF Se		Major, M.C. M.D.
STN	OF FATHER (State or country) St Albans, Vermont		scase Causing Death,	or, in deaths from jury and (2) Whether
PARE	OF MOTHER Violet Underwood		SIDENCE (For Hospi	tals, Institutions, Truns
	13 BIRTHPLACE OF MOTHER (State or Country)  Burlington, Vermont	At place of death 2 yrs 5 m	ln the	e2,yrs5mos20ds.
4	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	1		ont
	(Informant) Robert W. Daniels	19 PLACE OF BURIAL		DATE OF BURIAL
i	(Address) Aberdeen Proving Ground, Md.	Burlington,	Vermont	Feb. 13 , 1930
(month)	1611 - (2///////////////////////////////////	20 AINDERTAKER	- (.	ADDRESS

If more blanks are needed, addre.s Ltate Kegistrar, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

Aberdeen,

Registra

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from Spinner, should be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement nature of the husiness or industry, and therefore an Civil engineer, Physician, tion applies to e.ch and every person, irrespective ci Foreman, first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The Locomotive not gainfully em-As examples: (a) 9 material Grocery; engineer,

Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemiz cerebrospinal meningitis"); Diphtheria (avoid use of "Group"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," (secondar/ or intercurrent) affection need not be st.ted unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Mcasles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJU.X cough; Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ANENT WITH UNFADING INK--THIS IS A PE WRITE N. B.--

DNIC

MARGIN RESERVED FOR B

V. S. No. 1

1PLACE OF DEATH	03019 STATE OF MARYLAND
County Calford	CERTIFICATE OF DEATH
De e	Registration Dist. No.
Village or City Jalle ord (No.	St.: Ward) (If denth occurred in a hospital or institu-
2FULL NAME Henrietta M.	Daughton tion, give its NAME Ir- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH March 30 "., 1930  (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
march 27, 1930	at birth 1930 . to
7 AGE (Month) (Day) (Year)	and that death occurred on the date stated above, at J P m.
yrs. mos. 2 ds or min.	Premature buch
B OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	(Durstion) yrs mos ds,
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) Whiteford md	Secondary (Duration) yrs mosds.
10 NAME OF FATHER HENRY &. Daughton	(Signed) M. D. Mural 31 1923 (Address) Cardy ml
OF FATHER (State or country) Ranford loo md	*State the Disease Causing Death, or, is daths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Marcha Smuth	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)  Fex as	ients or Recent Residents) At place In the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Henry E. Daughlon	Former or usual residence DATE OF BURIAL DATE OF BURIAL
(Address) Whileford md	MI Clevel Cem. March 91. 1980.
Filed March 31 19130 TV & She nath	S. W. Holden Della Pa.
If more blanks are needed, addre.s State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emlobover, Form tauvier, Lawrence en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemuid. etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Foreman, For many occupations a especially in industrial employments, it is neces-Form laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Doy For persons who have no occupation (b) Automobile factory. The material single word or term on (6) Grocery,

Stritement of Cause of Death—Name, first, the Dis-EACH CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinul meningitis"; Diphtheria (avoid use of "Croup"); Typhioid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

> approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Meosles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by roilway trointaken. For VIOLENT DEATHS State MEANS OF INJULY (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi Chronic valvulor heart diseose; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is appearmanently filed.

V S. No. 1

PLACE OF DEATH	03480 STATE OF MARYLAND
County ) barful	CERTIFICATE OF DEATH
61:00	Registration Dist, No. 184
Village or City Pyllsville (No.	St.: Ward) (If death occurred is a hospital or institution, give its NAME instead of street and
2FULL NAME	Muss Nunghla number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH March 3 12 19237
6 DATE OF BIRTH	(Month) (Year) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
mark 27 1737	at birthe to , 192
(Month) (Day) (Year)	that I last saw have alive on Much 29, 19230,
7 AGE   If LESS than   I day hrs.	
mos. 2 ds. or min.?	p 1 d
(a) Trade, profession or particular kind of work	- Commande of the command of the com
(b) General nature of industry business, or establishment in	(D)
which employed or (employer)	(Duration) yrs. nos. ds
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF FATHER 7	(Signed) (Si
11 BIRTHPLACE	Chil 1/1922 (Address) Cardy nd
OF FATHER (State or country)  12 MAIDEN NAME  OF FATHER  (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER M. The L. Smit	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country).	At place of desthyrsmosds. In the Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) H my 3. Dangelin	Former or usual residence
(Address) Opylemies mil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  ON 1- (Planel Color Much 36 1920)
15 Filed afrel 11-19238 26. J. J. Da Hall-	20 UNDEPTAKER ADDRESS
If more banks are needed, addre s tate Registra	r, 16 W. Saratoga St., Ballo, Adquesting V.S. No. 1. Pylosvill

(Approved by U. S. Census and American Public Health Association.)

lifted 6 yrs). state occupation at beginning of illness. If retired from laborer, additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits ean be known. Statement of Occupation-Precise statement of ocployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, Housenuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only not paid Housekeepers who receive a en at home, who are engaged in the duties of the Foreman, For many occupations a Form laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on (b) The ques-Grocery;

Statement of Cause of Death—Name, first, the DIS-PASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pnetimonia, Bronchopneumonia ("Pneumonia,"

> "E:haustion," "Heart range," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "E:haustion," "Heart failure," "Haemorrhage," approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or misearriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. stited unless important. as fraeture of skull, and eonsequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State eause for which surgical operation was underean be ascertained as the eause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Mcasles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on Examples: Accidental drowning; Struck by roilway train taken. FOR VIOLENT DEATHS state MEANS OF INJULY ...... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi statement of cause of " elc.

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	12494 STATE OF MARYLAND
County Harford	CERTIFICATE OF DEATH
	Registration Dist. No. 184
Por les sées	
Village or City (No (No	St.; Ward) (If death occurred in a hospital or institu-
Pox. 1 Vans	lon, give its NAME in- stead of street and number.)
2 FULL NAME VOV	Y
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED,	16 DATE OF DEATH Oct 25 1030
WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH RICHARD	17 I HEREBY CERTIFY, That I attended the deceased from
25 199	that I last saw h alive on 0 7 24 , 1931),
(Month) (Day) (Year)	and that death occurred on the date stated above, at 7.30 A.m.
7 AGE	The CAUSE OF DEATH & was a Nollows
yrs. 5 6 mos. 17 ds or min. ?	Chalia d'infantina.
a OCCUPATION (a) Trade, profession or	
particular kind of work	V
(b) General nature of industry business, or establishment in	(Duration) yrs. mos. de.
which employed or (employer)	Contributory Secondary
(State or country)	(Dolation) yre, mos. ds
10 NAME OF FATHER	(Signey Very J. Willemson M.D.
Samuel - Hanghen	Oct W. 1934) (Address) Cardil My
Il BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, it deaths from Violent Causes, state (1) Means of Injury: and (2) whether
2 12 MAIDEN NAME OF MOTHER	Accidental, Suicidal or Homicidal.
a Mary Tolldelow	16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs. mos. da. State, yrs. mos. de.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
as Japanel Danal for	Former or
(Informant) January Carolina (Informant)	19 PLACE OF BURIAL OR REMOVAL   DATE OF BURIAL
(Address) TUSSUUL HA.	81- HARMA Come Oct 25, 1030
Filed Oct-25 19230 ) J. S. M. Syable	20 UNDERTAKEN ADDRESS
Registrar	John L. Morres Della Pa
U more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfu'n s of various parsuits can be known. The ques-Whatever, write None. business that fact may be indicated thus: Farmer (ra state of upartion at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DESTIE gaged in domestic service for wages, as Servanl, Cook, to report specifically the occ pations of persons enployed, as Al whool or Al home. Care should be taken definite values as may be entered as Housewife, House household only (net paid Housekeepers who receive a en at home, laborer, Farm laborer, Laborer-Ceal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement (a) Foremin. (3) Automobile factory. The material should be used only when needed. ac litional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil angineer, stationary fremen, etc. But in many Phy. ici m. Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g., Farmer or Planter, tion applie to each and every person, irrespective of emation is very important, so that the relative health-House should stee If the o cupation has been changed work, or At Home, and children not gainfully em-Statement of Occupation-Precise statement of oc-. ('2,16 9 pe For many occupations a single word or without more precise specification as Day who are engaged in the duties of the For persons who have no occupation As examples: (a) term on

EASE CALLICOUEATH (the primary affection with respect to time and caucation, using always the same agent, ed term for the .:ne disease. Examples: Corcbrospinal feror (the only definite synonym is "Epidemic certury spinal meningitis"); Diphida ria (avoid use of "Croup")...
Typhioid force (never report "Typhioid meningin")...

lity hite charge acce

ment of cause of death suproved by Committee on held of "contributory." Nomenclature of the American Medical Association.) train-accident; Berniver wound of head-homicide; and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF diseases resuitlus from childbirth or miscarriage as can be ascertained in the cause. Always qualify all rhage." "Inanition." "Marasmus," "Old Age." "Shock," "Dropsy," "E-h.ustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," conditions, such a "Asthenia." ary), 10 ds. Never report mere symptoms or terminal causing death). 29 ds.; Bronchopneumonia (secondstated unless important. Chronic interstitial nephritis, etc. use of "Tumor" ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tulterculosis of lungs, menquences (e. g., sepsis, tetanas) may be stated under the ture of the injury, as for three of skull, and conse Poisoned by carbol aria-probably suicide. The naas probably such, if impossible to determine definitely State cause for which sangical operation was under-"Puterperal seplicaemia." Puternal peritonitis," "Uraemia," "Werkings." Whooping cough; Chronic valvular heart discuse; Examples: Accidental drowning; Struck by railreau vulsious." (secondary or intercurrent) affection need not be FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), for malignant neoplasms); Measles; (R commendations on state-. tr. when a definite disease Example: Measles (disease "Апаетія" The contributory "Соша," "Соп-(merely

If this certificate is 17 ked over thoroughly and all questions answered in detail, it will prevent further correspondende. All the data 's essential and must be obtained before the certificate is permanently filed.

NOV

BURKA

Lobor preumonia, Bronchopneumonia ("Preumonia,"

PLACE OF DEATH

4 COLORAOR RACE

03020

#### STATE OF MARYLAND CERTIFICATE OF DEATH

100 000	Registration Dist. No. / 8 7
Inbly (No.	St: Ward) (If death occurred I a hospital or institution, give its NAME I
NAME Eliza Vi h	stead of street an number.)
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE SINGLE, MARRIED, WIDOWES, OR DIVORCED (Write the word)	16 DATE OF DEATH Marcl 28 , 1980 (Month) (Day) (Year)
July 4, 1860 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from March 20 1980 to March 28, 1980 that I last saw herealive on March 27, 1980
[If LESS than	and that death occurred on the date stated above, at 630 . m
9 yrs. 8 mos. 28 ds. or min.?	The CAUSE OF DEATH * was as follows:
ssion or Howeup	
re of industry blishment in or (employer)	(Duration) yrs. i mos & de
(v) Md	Contributory Secondary  (Direction)  yes mos O de
Indreuf Banister	(Signed) 1-1. Sur grase M. E. 3-28. 1923 (Address) Warlington
ountry) Ohio	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Eliza & Ward	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
e Mf	At place In the of death yrs, mos. ds. State yrs mos de
TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
, Warlington My	Parlington Cem March 38,30
. 28 19280 AMKah Registras	4 Bailey Harlington
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Respessing V. S. No. 1/ M.

WRITE

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewije, Housewhatever, write None. en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken laborer, er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planler, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Physician, Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. For persons who have no occupation (b) Automobile factory. The materia not gainfully em-The ques-Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," American Medical Association.) Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1 5

V. S. No. 1

N. B.

CAD	XACTLY, PHYSI- classified. Exact cate.
IS A LE MAINEINI	ACE chould be stated as to that it may be properly uctions on back of certifications.
While I, WITH UNFADING INN-INIS IS A FEMANENI	-Every Item of information should be carefully supplied. ACE chould be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
WRITE	-Every Item of informatic CIANS should state CA statement of OCCUPATI

PLACE OF DEATH	01726 STATE OF MARYLAND CERTIFICATE OF DEATH
County Danfard 2	Registration Dist. No. /84
Village or City Mule ord (No	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Cohaft Clay B DE	tion, give ita NAME it-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mall White (Write the word)	16 DATE OF DEATH JULIAN 8 1930 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from 1930, to 1930, that I last saw handlive on July VIII (1930).
7 AGE (Month) 7 (Day) (Yéar)  7 AGE   If LESS than   I day hrs.   ds. or min.?	and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or Hamus particular kind of work	agute replietes
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Chance Tythat Secondary
10 NAME OF John Dempoy	(Signed) 1921 (Address) Chambel M.D.
OF FATHER  (State or country) lived Civily Md  12 MAIDEN NAME	*State the l'is ase Causing Death, or In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Saral gray Duniphen	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds.
(State or Country) well cut Med  14 THE ABOVE IS TRUE TO THE BEST OF ME KNOWLEDGE  14 THE ABOVE IS TRUE TO THE BEST OF ME KNOWLEDGE	Where was disesse contracted, if not at place of dea.h? Former or usual residence
(Address) Wholkly Dempsly	Staturele Curity Feb. 11, 1935
Filed Feb-11 19230 ) t. f. S. MCMali-	John & Morris Della Pa
If more blanks are needed, address tate Kegistra	r, 6 W. Saratoga St., Balto., Requesting V. S. I.o. 1.

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation-Precise statement of oclaborer, Farm laborer, Laborer-Coal mine, etc, Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servay, Cook, Houseward, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Civil engineer, Stationary frequen, etc. But in many Physician, Compositor, Architect, Locomotive the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a 31.8 ·· without more precise specification as For persons who have no occupation (b) Automobile fuctory. The single word or term on (b) materia engineer, Grocery; Day

Statement of Cause of Death—Name, first, the DISEAL CAUSE OF DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosymul fever (the only definite synonym is "Epidemic cerebrosymul meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), tetanus) may be stated under the head of "contributory. causing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, "E:haustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary use of "Tumor" approved by Committee on Recommendations on statement of cause of as fracture of skull, and consequences (c. g., sepsis, carbolic acid-probably suicide. The nature of the infury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid cough; "" "Weakness," etc., when a definite disease or intercurrent) affection need not be ses important. Example: *Measles* (disease "Heart failure," "Ilaemorrhage, for malignant neoplasms); Measles, Chronic valvular heart disease etc. The contributory Nomenclature

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate. CORD WITH UNFADING INK--THIS IS A PERMANENT m FOR MARGIN RESERVED WRITE

PLACE OF DEATH	19322 STATE OF MARYLAND
County Stanford	CERTIFICATE OF DEATH
County	182
1 1 1.	Registration Dist. No.
Village or City Oll Gur (No.	St.: Ward) (If death occurred in a hospital or institu-
20 1	tion, give its NAME in- stead of street and
2 FULL NAME Glara & Len	stead of street and number.)
The state of the s	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MANNIEL	16 DATE OF DEATH
WIDOWED.	- Lug 3/ , 19230
Female ( olored (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Dent. 1 1800	1920. to aug 30, 1830
(Month) (Day) (Year)	that I last saw he alive on, 192,
7 AGE     If LESS than	and that death occurred on the date stated above, at 3:300 m.
1 dayhrs.	The CAUSE OF DEATH * was as follows:
5 L yrs. 1/ mos. 10 ds. or min.	myocardito
8 OCCUPATION	
(a) I rade, profession or particular kind of work	
(b) General nature of industry	1
business, or establishment in	(Duration) yrs. mos. ds.
	Contributory Terminal prelumone
9 BIRTHPLACE (State or country)	Secondary
Maryland	(Duration)mos
FATHER ELL WILL	(Signed) M. D.
CAWAN HENSUL	Day 7 1923 D(Address) Beller
OF FATHER	State the Disease Causing Death, or, in deaths from
Z (State or country) Maryland	State the Disease Causing Death, or, In deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
a quice and	ients or Recent Residents)
	At place In the of death yrs. mos. ds. Stste yrs. mes ds.
(State or Country)	of deathyrsmosds. Stateyrsmesds.  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
20 -1 .00 1.50	Former or
(Informant) My July Densby	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Blef Ci	21 1. 1. 2 22
(Address)	Much W. C. Cemelery Supply 3, 19 th
15 50 1 X 1 1 9 108 M. Nichardson	20 UNDERTAKER ADDRESS
Registrar	Menry Javing Som Welraun mak
If more branks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
	Village or City Black (No

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (0) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, c. g., Farmer or Planter tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. Housemaid, etc. If the occupation has been changed Foreman, For many occupations a Form laborer, For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. Womsingle word or term on 9 Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonocum, etc., Corcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, atic), "Atrophy," "Collapse," "Coma," "Convulsions," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by roilway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septieaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., whon a definite disease Whooping American Medical Association of approved by Committee .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic valvulor heart disease; etc. The Nomenclature of the contributory " "Shock,"

Recommendation.

(Recommendation.

Approved by Committee v. American Medical Associations.

If this certificate is located over thoroughly and all questions answered in detail, it will proceed further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every item of information should be carefully supplied. ACE chould be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact CORD ANENT MARGIN RESERVED FOR BIN , WITH UNFADING INK--THIS IS A PER

WRITE H

V. S. No. 1

PLACE OF DEATH County Harford	16466 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Augha my (No.	Registration Dist. No. 183
Village or City Nogha my (No. 2FULL NAME alies milded	St.: Ward)  A hospital or institution, give Its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Seft 1 & 1980 (Month) (Day) (Year)
6 DATE OF BIRTH  (Month)  (Day)  (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 198 to 198 that I last saw h & alive on 1950
7 AGE    If LESS than   I day hrs. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry	<i>→</i>
business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  Washlard	Contributory Secondary  (Duration)yrs,mos,d
10 NAME OF ROSS. H. De Voe	(Signed) Charles 9 5000 M. I Soft 19 198 (Address) Story Ps. Mo
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Ema more	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran
13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of death yrs mos. ds. State yrs mes.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of death?
(Informant) Ama De Oak  (Address) Rocks and	19 PLACE OF BURIAL OR REMOVAL Sept 30, 193
15 Filed Sept 29 193 Thomas P Brown Registrar	Cooptown am. Dyle ve
If more branks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer-Spinner, state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scruant, Cook household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the sary to know the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Housemaid, etc. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, For many occupations a single word or term on 10 especially in industrial employments, it is necesyrs). At Home, and children, (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the (b) Automobile factory. The material If the occupation has been changed -Coal mine, etc. not gainfully em-(b) The ques-Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (crebros point fever (the only definite synonym is "Epidemic cerebros point spinal meningitis"); Diphtheria avoid use of "Croup"), Typhoid fever (never report "Typhoid Pneumonia"), Lobar pneumonia, Bronchopneumonia ("Pneumonia"),

32 approved by American Medical Association.) (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," Uid Age, Shous, "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (mcrely symptomuse of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train Whooping cough; "Atrophy." "Collapse," "Coma," "Convulsions, perilonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, FOR VIOLENT DEATHS State MEANS OF INJURY or intercurrent) affection need not be Committee on Nomenclature of the Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

PHYSI-STATE OF MARYLAND CERTIFICATE OF DEATH stated EXACTLY, P properly classified: Registration Dist. No. (if death occurred in a hospital or institu-tion, give its NAME in-Ward) stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH COLOR OR RACE 16 DATE OF DEATH hould (Write the word Monthy 17 I HEREBY CERTIMY . That I attended the deceased from terms so that i (Day) C If LESS than 7 AGE and that death occurred on the date stated above, at supplied. In terms s min.? 8 OCCUPATION (a) Trade, profession or particular kind of work a (b) General nature of industry 교 business, or establishment in EATH in (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) be EA (Duration) hould OF D (Signed) ... 1923 a (Address) RENTS State the Disease Causing Death, or in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. OF FATHER CAUS (State or country) 12 MAIDEN NAM PAI 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transshould state ients or Recent Residents) 13 BIRTHPLACE in the OF MOTHER State.....yrs..... (State or Country) Where was disease contracted, if not at place of dea.h?..... Every item CIANS shot Former or usual residence If more blanks are needed, address State Registrar, 16 W. Saratoga St., Baito., Requesting

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

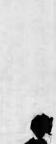
whatever, write None. state occupation at beginning of illness. If retired from Howemaid, etc. If the occupation has been changed tired 6 yrs). business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook Spinner, (b) Collon mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully employed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealnature of the business or industry, and therefore an to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a Form laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation single word or term on 6 Grocery,

Streement of Cause of Death—Name, first, the DIS-EARS CRUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonna, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature of the "Traemia," "Weakness," etc., whon a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. "Debility" ("Congenital," "Scnile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilacmorrhage," "Shock," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Mcasles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJUNY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic Chronic interstitial nephritis, (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; nephritis, etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	04376 STATE OF MARYLAND
County Hanford	CERTIFICATE OF DEATH
& Co Get	74-0 Registration Dist. No. 182
Village or City Selle Ma (No. 2FULL NAME Thomas Dole	St.: Ward)  St.: Ward)  A hospital or institt  tion, give its NAME is  stead of street an  number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE  MARRIED, Marken  Widowed  OR DIVORCED  (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 that I last saw halve on 192
about 57 yrs. mos. ds. or min.	and that death occurred on the date stated above, at
b occupation  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER WINKING  11 BIRTHPLACE OF FATHER (State or country)	(Signed)
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  24  40  12 MAIDEN NAME Vlurkum  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.
(Informant) Sewey Barman (Shuff) (Address) Beller Md  15 Filed apr 18. 1920 ME Revistrar	Where was disease contracted, if not at place of death?  Former or usual residence  19 HAGE OF BURIAL OR REMOVAL  DATE OF BURIAL  PO UNDERTANCE  ADDRESS  ADDRESS
	ir, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servont, Cook ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealsary to know (a) the kind of work and also (b) the Civil engineer, Stationary firemon, etc. Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, first line will be sufficient, e. g., Former or Planter, or At Home, and children, For many occupations a single word or term on yrs). Farm loborer, (b) Cotton mill; (a) Salesmon, without more precise specification as Day For persons who have no occupation (b) Automobile foctory. The material Laborer-Coal minc, etc. not gainfully em-But in many (b) Grocery; Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fover (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); "Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion, "Debility" stated unless important. inges, perilonaeum, etc., Carcinoma, Sorcomu, etc., of ...... (name origin; "Cancer" is less dcfinite; avoid American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY Never report mere symptoms or terminal condicough; ("Congenital," "Sepile," etc.), "Dropsy," on," "Heart failure," "Haemorrhage," Chronic valvular heart disease nephrilis, etc. The contributory Example: Measles (disease affection need not be Always qualify all contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

0

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womstate occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the additional line is provided for the latter statement; if sary to know (a) the kind of work and also (b) the tired 6 yrs). Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Forenum, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return 'Laborer,'" 'Foreman," 'Manager," 'Teal-Civil engineer, Physician, Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully em-Compositor, For persons who have no occupation Stationary froman, etc. But in many Architect, Locomolive engineer,

Statement of Cause of Death—Name, first, the Dis-FASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syncnym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "yphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> as fracture of skull, and consequences (e. g., sepais, tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Hacmorrhage, "Inamition," "Marasmus," "Old Age," "Shock, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Annemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles inges, peritonaeum, etc., Carcinoma, Sarcona, etc., of . . . . . . (name origin; "Cancer" is less definite; avoid approved by Committee on Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS state MEANS OF INJURY "Uraemia," "Weakness," etc., when a definite disease (secondary Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on "Atrophy," "Collapse," "Coma," "Convulsions," or intercurrent) cough; Chronic statement of cause of valvular etc. affection need Nomenclature The contributory heart " "Shock," not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A. Ithe data is essential and must be obtained before the certificate is permanently filed.

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. MANENT PER m A FOR WITH UNFADING INK--THIS IS MARGIN RESERVED

V. S. No. 1

N. B.

Filed June 2 1930 Chas,

PLACE OF DEATH  County Various GREENATE	STATE OF MARYLAND CERTIFICATE OF DEATH
11 16 412	Registration Dist. No. 185
Village of Cityavall Grace (No. 8/ 2  2FULL NAME Baly Brown	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 192 30 (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h Salve of Do., 192,
7 AGE O yrs. O mos. O ds. or min.?	and that death occurred on the date stated above, at
8 OCCUPATION (x), Trade, profession or particular kind of work	Seef 180m
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos ds.
9 BIRTHPLACE (State or country) That.	Contributory Secondary  Suration)  yrs
10 NAME OF STATHER Solm Brown	(Signed) To Nelle M. D. 6-2 1930 (Address Favis De Garde)
OF FATHER (State or country)  12 MAIDEN NAME  14	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Ferrielle Dorsey	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs mos. de. In the State yrs mos de.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?  Former or usual residence
(Address) 810 adams Sh	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  LINE 7, 1930

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer—Coal mine, etc. state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Furner (regaged in domestic service for wages, as Servant, Cook, en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Foreman, Or. For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesmon, (b) Grocery, man, (b) Automobile factory. The material At Home, and children, without more precise specification as Day For persons who have no occupation not gainfully em-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. approved by Committee on Nomenclature "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, aceident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopncumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: A ccidental drowning; Struck by railway train-"Uruemia," "Weakness," etc., when a definite disease Whooping Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. The contributory valvular heart discase;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

PLACE OF DEATH	16764 STATE OF MARYLAND
County Harford	CERTIFICATE OF DEATH
Do	Registration Diat. No. 18/
Village or City Willem (No.	St.: Ward) (If death occurr a hospital or in tion, give its NAN stead of street
2 FULL NAME Edward D. 2	ouglas stead of street number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Yes
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That Pattended the deceased
	(ear) that I last saw between on 19
7 AGE Sill-born - IfLESS	hrs. The CAUSE OF DEATH * was to follows:
9 yrs. 0 mos. 0 ds. or 0	full term
(a) Trade, profession or	
particular kind of work	
(b) General nature of industry	(Duretien) Tree
	Duretion) vrs. mos.
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Certificates Relicis Secondary (Duration) 2 378 mos.
(b) General nature of industry business, or establishment in which employed or (employer)	Secondary Counties mos
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 OF FATHER (State or country)	(Signed) (Address) Cleeders
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  OF FATHER  OF FATHER  (State or country)  11 BIRTHPLACE (State or country)  WE C State or country)  12 MAIDEN NAME OF MOTHER  OTHER  OF MOTHER  OTHER  OTHE	(Signed)
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  14 BIRTHPLACE OF MOTHER  15 BIRTHPLACE OF MOTHER  16 Carplina  17 MOTHER  18 BIRTHPLACE OF MOTHER  19 MOTHER	Secondary  (Duction)  (Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Wheth Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, ients or Recent Residents)  At place of death yrs mos ds.
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE  13 BIRTHPLACE	Secondary  (Duction)  (Signed)  (Signed)  *State the Disease Causing Death, or, in deaths from the Violent Causes, state (1) Means of Injury and (2) Wheth Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, ients or Recent Residents)  At place  In the
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Secondary  (Duction)  (Signed)  *State the Disease Causing Death, or, in deaths from the Violent Causes, state (1) Means of Injury and (2) Wheth Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, in itents or Recent Residents)  At place of death was mos. ds. State yrs mes.  Where was disease contracted, if not at place of death?  Former or usual residence
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Secondary  (Duction)  (Signed)  *State the Disease Causing Violent Causes, state (1) Means of Injury and (2) Wheth Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, ients or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Secondary  (Duction)  (Signed)  *State the Disease Causing Death, or, in deaths from the Violent Causes, state (1) Means of Injury and (2) Wheth Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, in itents or Recent Residents)  At place of death was mos. ds. State yrs mes.  Where was disease contracted, if not at place of death?  Former or usual residence

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil ongineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer -- Coal mine, etc. Won-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, whatever, write Nonc. business, that fact may be indicated thus; Farner (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Grocery,

Statement of Cause of Death—Name, first, the DE-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> American Medical Association.) inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Puerperal septicacmia," "Puerperal perilonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condicough; Chronic etc. valvular heart disease; The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in piain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD MANENT DING WITH UNFADING INK--THIS IS A PER MARGIN RESERVED FOR B WRITE

County A Carles	08050 STATE OF MARYLAND CERTIFICATE OF DEATH
A Carlo	Registration Dist. No. 185
2FULL NAME Jacob 80	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME it- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, MCCINICAL WIDOWED. OR DIVORCED (Write the word)	Month (Day) (Year)  17 A HEREBY CERTIFY, That I attended the deceased from
Seff. 9, 186/ Month): (Day) (Year)	that I last saw hum alive on July 34, 1920.
7 AGE    Second	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	(Duration) yre mos de
9 BIRTHPLACE (State or country)	Contributory Secondary  Maration  Telegraphic Maration  Telegraphi
10 NAME OF FATHER William Ropin  11 BIRTHPLACE	(Signed) M. D. M.
Z (State or country) Muryland	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mother Golden  13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of deathyrsmosds. In the Stateyrsmosds.  Where was disease contracted, if not at place of death?
(Informant) Grover Savis	Former or usual residence
(Address) Belan ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE O
Filed July 26 1980 ( Karles J. John, M.D. Registras	Sean & Fortis Bel Din Med
If more blanks are needed, address State Registras	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

90

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, Whooping cough; FOR VIOLENT DEATHS state MEANS OF INJURY Chronic etc. The contributory valvular heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained hefore the certificate is permanently filed.

Village or City

**2FULL NAME** 

	(
1PLACE OF DEATH	!
County Total	

)5630 STATE CERTIFIC

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. /84

St.: Ware	d) (If death occurred in a hospital or institu- tion, give its NAME is- stead of street and number.)
***************************************	****

PERS	ONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
Male.	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)	3 , 192 3 C
6 DATE OF	BIRTH		17 I HEREBY CERTIFY, That I at	tended the deceased from
	May (Month)	(Day) (Year)	that I last saw h alive on	, 192
7 AGE	_ //	[lf LESS than	and that death occurred on the date state	d above, atm
	QV-	I day hrs.	The CAUSE OF DEATH * was as follows:	
particular	profession or kind of work		Stillfore	
	l nature of industry r establishment in		(Duration)	de
	loyed or (employer)			yis
9 BIRTHPLA (State or 10 NAME FATHI	E OF ER Largh Ken	I Co. Md	Contributory Secondary  (Duration)  (Signed)  192 (Address)	lur M. D
ш		land les Sale	*State the Disease Causing Death Violent Causes, state (1) Means of I Accidental, Suicidal or Homicidal.	, or, in desths from
	OTHER BANGE	B m. 01.	18 LENGTH OF RESIDENCE (For Hosp	itals, Institutions, Trans
(State	OTHER e or Country)	I les Jud	Where was disease contracted.	ateyrsmosd
14 THE ABOV	E IS TRUE TO THE EST	OF MY KNOWLEDGE	if not at place of death?	
(Informa	ant) & Ren	mutt Hayle	Former or usual residence	DATE OF BURIAL
(A	ddress Stre	Il Mus	Omory Cen.	May 3 rel 1930
15 00	20 = 21 = 10 }	11 dans mall	20 UNDERTAKER	ADDRESS

if more b.anks are needed, addre s Ltate Registra, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

20

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationory fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Laborer-(a) Salcsman, -Coal minc, etc. Wom-(6) Grocery;

EASE COUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corcbrospinal fewor (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the (Recommendations on statement of cause of death talanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, "E:haustion, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Mcasles; ..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, illity" ("Congenital," "Senile," etc.), "Dropsy, haustion," "Heart failure," "Haemorrhage," cough; " "Marasınus," "Old Age," "Shock," Chronic valvular heart discase, etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(N)		, PHYSI- ed. Exact
	CORD	i. ACE chould be stated EXACTLY, PHYSI-so that it may be properly classified. Exact
Ü	NENT	te stated
FOR BANDING	S A PLAANENT	should tit may
FOR	IS A	Bo tha

PLACE OF DEATH	11467 STATE OF MARYLAND
County Hartora ()	CERTIFICATE OF DEATH
2 5 / 1 1 1	742 Registration Dist. No. 183
Village or City NorrisvelliNo.	St.: Ward) (If d-ath occurred in
D - · l	a hospital or institu- tion, give Its l'AME in- stead of street and
2FULL NAME Lengamun J	trucau number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH Sept 15 , 1980
male Thirte (WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Sept 11. 183	1930 to 24 1 1950
(Month) (Day) (Year)	that I last saw have alive on Aff
7 AGE   If LESS tha	
l dayhr	
yrsmosds.   ormin.	
OCCUPATION (a) Trade, profession or	lower Henry
particular kind of work  (b) General nature of industry	
business, or establishment in	(Duration)vrsmosds.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	(Duratton) yis mos ds.
1D NAME OF	- 1 Domesol W. tikes
FATHER AMARIAN A Damican	(Signed) M. D.
IN 11 BIRTHPLACE	JJ J 1930 (Address) Duna Www.L
OF FATHER (State or country)	*State the I-iscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER man Jons for	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trunsients or Retent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country)	When we discore contracted
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	il not at place of dea h?
as Bran Bolado	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) June Durie J	Porrerille bent 18 18, 193.0
15 Setting 2 Page PA	20 UNDERTAKER ADDRESS
Filed Dept 17 1930 /homas 1 Grown Registral	1 If I febr Farm Hore Po
If more b.anks are needed, addre.s : tate Negistr	ar, 16 W. Saratoga St., Balto., Lequesting V. S. Ivo. 1.

S No. 1

WRITE

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesmon, (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (o) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servont, Cook, Housemoid, etc. If the occupation has been charged work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Form loborer, Loborer-Coal minc, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Nanager," "Deal-Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective ci business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemiz cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopzeumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthonia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentctanus) may be stated under the head of "contributory." carbolic ocid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondar/ approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJU.Y American Medical Association.) Never report mere symptoms or terminal condior intercurrent) affection need not be ss important. Example: *Measles* (disease Chronic valvular heart disease, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

N. B.

	1PLACE OF DEATH
	County Harfu A THIN CORPORATE LIM
	WITHIN COM
	and and de offer and
V 111	age or City Carre Describe
	2FULL NAME Jane L. D.
	PERSONAL AND STATISTICAL PARTICULARS
3 s	EX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, Jundow OR-DIVORGED (Write the word)
6 D	ATE OF BIRTH
	(Month) (Day) (Yesr)
7 A	GE [If LESS than
	yrs. 10 mos. 20 ds. or min.?
(2	CCUPATION a) Trade, profession or Houseworle, articular kind of work
1	General nature of industry
bi	usiness, or establishment in hich employed or (employer)
_	(State or country)
1	10 NAME OF A. Ellet
RENTS	11 BIRTHPLACE OF FATHER (State or country) Maryland
PARE	12 MAIDEN NAME OF MOTHER ULLSUP
	13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
	(Informant) Mrs. Les realiser,
	(Address) Have de erree ma
15	Filed Dec. 12 1930 Clas J Foly OD

STATE OF MARYLAND
CERTIFICATE OF DEATH
Registration Dist. No. 185
St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH
1920
(Month)(Day)(Year)
17 I HEREBY CERTIFY, That I attended the deceased from
192 . to Colon, 19250,
that I last saw he walive on 19230,
and that death occurred on the date stated above, at
The CAUSE OF DEATH * was as follows:
6.69 - 19 - 19 - 19 - 19 - 19 - 19 - 19 -
Orterio sclerosis Curtos
Mulily.
· · · · · · · · · · · · · · · · · · ·
(Durstion)/de.
Contributory Coldensed Lance
Secondary
(Duration) y19 mosds.
(Signed) harles folly M.D.
12/12 192 (Address) of Sauce Aff a Succession
*State the Disease Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitais, Institutions, Trans-
ients or Recent Residents)
At place of death yrs mos ds. State yrs mos ds.
Where was disease contracted, if not at place of death?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Friendelulo Peur Deel. 12, 1930.
20 UNDERTAKER D ADDRESS
Permistouxson, Ildebrace reg
7

15654

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from loborer, Spinner, (b) Collon mill; (o) Solesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmen or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully cmdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foremon, whatever, write None. Housemaid, etc. If the occupation has been changed ," etc., For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Loborerwithout more precise specification as Doy For persons who have no occupation (b) Automobile factory. The materia (a) the kind of work and also (b) the -Coal minc, etc. Wom-(b) Grocery

Statement of Cause of Death—Name, first, the DINEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

nas fracture of skull, and consequences (e.g., sepsis, (Recommendations on statement of cause of lelanus) may be stated under the head of "contributory." approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report merc symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Exac	County Willard	STATE OF CERTIFICA
Seffied.	Village or city av Bale Share	Registration St.: Wi
rly cla	2FULL NAME MANN	Dufree
atec ope cert	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICAT
ld be st ny be pr ack of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVERCET UP (Write the Warmen)	16 DATE OF DEATH Sept
E shoul at it ma ns on h	6 DATE OF BIRTH  Seft. 1, 1930	that I ost saw howalive on
ed. AC	7 AGE (Month) (Day) (Year)  If LESS than I dayhrs.	and that death occurred on the date sta The CAUSE OF DEATH * was es follows
supplications see ins	yrsds. ormin.?  a occupation (a) Trade, profession or particular kind of work	Imperfect o
refully In pla rtant.	(b) General nature of industry business, or establishment in which employed or (employer)	Foramen Ovals Durstion)
be ca EATH impo	9 BIRTHPLACE (State or country)	Contributory Secondary  (Durstion)
OF D	10 NAME OF FATHER MINISTER OF STATE OF	(Signed) 7 Mag
CAUSE TION	OF FATHER  (State or country fourth aroling)  12 MAIDEN NAME)	*State the Disease Causing Dec Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.
ate UPA	of MOTHER PROPERTY OF MOTHER PRO	S LENGTH OF RESIDENCE (For Ho . ients or Recent Residents)
of infe	(State or Country) South arolula	of deathyrsda,
shoul	(Informant) Hilliam J. Dur Mel	if not at place of dea.h?
areme	(Address Lavre De Luce MIL	Someshing Cen
<b>元</b> <b>元</b> <b>元</b>	15 Filed Sept 3 1930 Charles J. Fales M.D.	20 UNDERTAKER ACTURAGE
-		sow Santa St. Pales D

F MARYLAND

TE OF DEATH on Dist. No. (if death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.) E OF DEATH (Day) yrs......ds. th, of in deaths from Injury and (2) Whether ospitals, Institutions, Transthe State....

V. S. No. 1

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (re state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer—Coal mine, etc. Wom-(a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, or given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Compositor, Architect, Locomotive engineer, who are engaged in the duties of the For persons who have no occupation Stationary fireman, etc. But in many person, irrespective of

spinal meningitis"); Diphtheria (avoid use of "Croup fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia"); EASE CAUSING DEATH (the primary affection with respecpneumonia, Bronchopneumonia ("Pneumonia,

> atie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. Example: Measles (disease (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. The contributory affection valvular heart need not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is eisential and must be obtained before the certificate is

permanently filed.

MARGIN RESE	WRITE Y, WITH UNFADING IN	N.BEvery item of information should be carefully
	M.Y.	or informa
V. S. No. 1	WRITE	Every item

STATE OF MARYLAND
CERTIFICATE OF DEATH
Registration Dist. No.
St.: Ward) (If death occurred i
tion, give its NAME is stead of street an number.)
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH  Left 4, 1920  (Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended the deceased from
that I last saw h alive on 5 192.2
and that death occurred on the date stated above, at
The CAUSE OF DEATH * was as follows:
Choldra Marka
(7)
(Duration)yrs
Contributory Secondary  (Durstion)yrsd
(Signed) No Just M. I
1950 (Address) oann h
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents)
At place of deathyrsmosds. In the Stateyrsmosd
Where was disease contracted, if not at place of dea.h?
Former or usual residence.
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Charles Chapel Cem Septi 5, 1931
The Bailey Harlington

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., 8 should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Foreman, (b) For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, (b) Grocery; eman, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

approved by Committee on tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify ali "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstilial nephritis, Whooping cough; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainperilonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condi-Chronic valvular heart disease; nephrilis, etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	PLACE OF DEATH
	County Harford
Vil	lage or City Bel an (No
	m - 1 ()
	2FULL NAME margaret Jane
	PERSONAL AND STATISTICAL PARTICULARS
35	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
6 D	DATE OF BIRTH
and the second s	(Month) (Day), 1451
7 A	AGE   If LESS than
	yrs. mos. ds. or min.?
p (l b	a) Trade, profession or varicular kind of work  b) General nature of industry varies, or establishment in which employed or (employer)
9 8	SIRTHPLACE (State or country)
	10 NAME OF FATHER THE PUBLISHED PUBLISHED
S	11 BIRTHPLACE
ENTS	OF FATHER (State or country)
PARI	12 MAIDEN NAME OF MOTHER  Aug.
	13 BIRTHPLACE OF MOTHER (State or country)
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
	(Informant) That I loss
	(Address)
15	Filed Shane 9 1990 NE Richardson

#### 06765 STATE OF MARYLAND CERTIFICATE OF DEATH

Carry .	CLITTIC	AIL	DEATH
(129)	Registr	ation Dist.	No. 18 C
٤	st.:	tio ste	If death occurred in hospital or institu- n, give its NAME in- end of street and imber.)
	MEDICAL CERTIFIC	ATE OF	DEATH
16 DA	I HEREBY CERTIFY, The		(Year)d the deceased from
that I	last saw her alive on	Jus	1950.
	at death occured on the date	stated abov	o, at 1 A.m.
The C	AUSE OF DEATH * was as foll	ows:	125
W. Gli	mia Jermin menulan nopel	vitis	Chr > mos de
	ntributory econdary		· · · · · · · · · · · · · · · · · · ·
(Signed	Willard B. /	Juels	mosds.
Jun	1936 (Address)	oust!	tell my
Vio Acc	*State the Discase Causing lent Causes, state (1) Means idental, Suicidal or Homicidal.		in deaths from and (2) whether
	s or Recent Residents)		Institutions, Trans-
At place	e hyrsds.	In the State	yısdsds.
if not	was disease contracted, at place of death?		
Former usual re	or es.dence		

PLACE OF BURIAL OR REMOVAL

PLATE OF BURIAL

PLANE OF BURIAL

PLANE OF BURIAL

ADDRESS

ADDRESS

If more blanks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewije, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as. Day worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," 'Theal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grovery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Physician, the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Statement of Occupation-Precise statement of oc-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Compositor, Architect, For persons who have no occupation Stationary freman, etc. But in many Locomotine engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite syncnym is "Epidemic cerebrospinal meningitis"); Diphheria (avoid use of "Croup"); "yphoid fever (never report "Typhoid Pneumonia"); Lubar pneumonia, Bronchopneumonia ("Pneumonia,")

white bl

diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Examition," "Hear "Old Age, atic), "Atrophy," "Collapse," "Corna," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease as fracture of skull, and eonsequences (e. g., separa, telanus) may be stated under the head of "contributory." can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles inges, perdonaeum, etc., Carcinoma, Sarcona, etc., of . . . . . . (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenelature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, taken. For violent deaths state means of injury State cause for which surgical operation was under-(secondary or intercurrent) Chronic interstitial nephritis, American Medical Association.) (Recommendations on statement of eause of Whooping Examples: Accidental drowning; Struck by railway train Never report mere symptoms or terminal condicough; Chronic affection need etc. The contributory valvular etc.), "Dropsy," heart " Shoek, not diseasa;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

S. No.

PLACE OF DEATH

<sup>2</sup>FULL NAME

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in Ward) a hospital or institu-tion, give its NAME instead of street and

number.)

	MEDICAL	CERTIFIC			
16 DATE OF	DEATH	afe	ie_	26 %	1930
		(Mon	th)	(Dsy)	(Year)
17 I	HEREBY C	ERTIFY. Th	at Labten	ded the de	seased from
hat I last s	aw h M	live on	aje	N26	, 192 G,
and that de	ath occurred	on the dat	e stated ak	ove, at	m.
The CAUSE	OF DEATH	* was as fol	lows:		
July	uorie	y tu	ber	ulos	
Contribu		Duranic	on) 5	yrsm	osds.
Second					
Signed)	2 Z2	for lo	on)	yrsn	ds.
Up &	8 192 0	(Address) 1	Lavo	-42	Lu lu
*State Violent ( Accidental	the Disea Causes, state I, Sulcidal or	se Causing (1) Means Homicidal.	Desth, of Injur	or, in des	ths from Whether

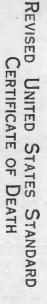
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

In the vrs......mos..... Where was disesse contracted,

if not at place of death?

OR REMOVAL

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Plunter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Sernant, Cook, Housenuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation If the occupation has been changed

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same adcepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia");

(Recommendations on statement of cause of approved by Committee on Nomenclature of the diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," (Inanition," "Marasmus," "Old Age," "Shock," American Medical Association.) telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State eause for which surgical operation was under-"Uruemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar) or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephralis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e g., sepsis, can be ascertained as the cause. Always qualify all Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi cough; Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

No. 1

ත්

0

1.00

ž

PLACE OF DEATH  County Surford  Village or City Enmortin (No	St.: Ward) a hospital or institu
2 FULL NAME Baley Edwa	tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,  MARRIED, WIDOWED. WIDOWED. Wild OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 J HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw halive on, 192
7 AGE  Stillborn  mos.  ds.   If LESS than   day hrs.   or min.	and that death occurred on the date stated nbove, at
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Stillton yrs. mos. ds
which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE  13 BIRTHPLACE	Contributory Secondary  (Duration)  (Action in deaths from of lingury and (2) Whether Accidental, Suicidal or Homicidal.  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Action in deaths from of lingury and (2) Whether Accidental, Suicidal or Homicidal.  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Action in deaths from of lingury and (2) Whether Accidental, Suicidal or Homicidal.  (Signed)  (Signe
OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of deathyrsds. State,yrs
(Informant) Fither  (Address) Grandian  Filed Reft 6 1980 11 E. Cichardian  Registras	18 PLACE OF BURIAL OR REMOVAL DATE, OF BURIAL Commonly ME, Cen Sept 6, 1950 29 UNDERTAKEN ADDRESS Father Jun awards Commonly
If more banks are needed, address tate Kegistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Solesmon, (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocnature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many tion applies to each and every person, irrespective of tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. g ged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Form laborer, Laborer -- Coal minc, etc. Women at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e.g., Farmer or Planter. whatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-For many occupations a For persons who have no occupation single word or term on

Statement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar. pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL scpticaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary). stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meosles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injuny Whooping cough; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease, etc. The contributory

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Exact

PLACE OF DEATH	09323
County Harford	<b>D</b> 3
Village or City Veryman (No	lliatt
PERSONAL AND STATISTICAL PARTICULARS	MEDI
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, Single, Widowed, OR DIVORCED (Write the word)	16 DATE OF DEATH
7 AGE  May (Month)  (Day)  (Ye  Jif LESS I day or no  ds. or no	than and that death occurrence. The CAUSE OF DEA
a) CCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed)
(Informant) Mi- John W. Ellistt  (Address) Henryman Md	19 PLACE OF BUR

STATE OF MARYLAND

CERTIFICATE OF DEATH

Rea	gistration D	ist. No. /	81
St.:	Ward)	a hospital	occurred in or institu- its NAME in- street and

number.)

CAL CERTIFICATE OF DEATH

*40	Cingust	13	, 19230
	(Month)	(Day)	(Year)
at I last saw had that death occ	BY CERTIFY, That I a 1924. to lunalive on lunurred on the date state ATH * was as follows:	ttended the	deceased from
Contributory Secondary	(Duration)	y18.	mosds
igned) T. M.	Moine Address Has	en Di	July M. I
*State the Violent Causes, Accidental, Suicid	state (1) Means of	h, or, in Injury and	desths from (2) Whether

ESIDENCE (For Hospitals, Institutions, Trans-

At place of deathyrsmosds,		In the Stateyrs,mes	
Where was disease if not at place of	contracted, death?		

AL OR REMOVAL

DATE OF BURIAL Chy 15, 1970

ADDRESS

If more branks are needed, address State Registrar, 16 W. Safatoga St., Balto/Requesting V. S. No. 1.

m ż

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (0) nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (re gaged in domestic service for wages, as Servant, Cook, Housenuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH Foremon, especially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coul mine, etc. (b) Cotton mill; (a) Salcsman. without more precise specification as Doy (b) Automobile factory. The materia For persons who have no occupation (6) Grocery

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopmoumonia ("Pneumonia,")

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, pertionaeum, etc., Corcinoma, Sorcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," Uta Age, Shows, "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitiol nephritis, use of "Tumor" for malignant neoplasms); Meosles; approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Exhaustion," Whooping American Medical Association.) tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by roilway traintaken. (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; " "Marasmus," "Old Age, " "Shock, ngenital," "Senile," etc.), "Dropsy, "Heart failure," "Haemorrhage, Chronic etc. The contributory valvulor heart diseose;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

S. No. 1

PLACE OF DEATH County Tracford	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Thave de fintace () 2FULL NAME John & Elen	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male bliete Single, MARRIED. WIDOWED. Surgle (Write the word)	16 DATE OF DEATH 7 15 , 19238 (Month) (Day) (Year)
October 29, 1859  (Month) (Day) (Year)	17 HEREBY CERTIFY, That 1 attended the deceased from 15 1920. to 1920, 19230, that Last saw h alive on 192,
7 AGE   If LESS that I day hrs or min.	and that death occurred on the date stated above, at 4 150 Cm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Ctuel Machines  (b) General nature of industry	Mutte Prephotos
Divisiness, or establishment in (Ptd fow 10 444)  BIRTHPLACE (State or country)	Contributory Secondary Cartain Present Contributory (Duration) yrs. mos. 3 ds.
10 NAME OF FATHER POLICE CLENCE!	(Signed) M, D.
OF FATHER (State or country)  12 MAIDEN NAME  1 A	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whather Accidental, Suicidal or Homicidal.
OF MOTHER CILIBIANA VIAFF.  13 BIRTHPLACE OF MOTHER (State or Country) Survivance	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transionts or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
(Informant) Value W. Elsuer	if not at place of dea.h?  Former or usual residence
15 Filed 19/7 19230 Of The Registras	20 UNDERTAKER ADDRESS  14 Jacker Sous Aberdeen Mary Jacker Mary Jacker Mary Journ Agendeen Mary Jacker

Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 vyrs). business; that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, geged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully em-ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engeneer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the nature of the husiness or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, Locomolive engineer, For many occupations a single word or term ou especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Wom-For persons who have no occupation materia Grocery;

Streement of Cause of Death—Name, first, the DISEA, CAUSE DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (c. g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.haustion," "Heart failure," "Haemorrhage," atic), "Atrophy." "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi (secondary or intercurrent) affection new .... (disease important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ot...... (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway traincausing death), 29 ds.; Bronchopneumonia (secondary), Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) FOR VIOLENT DEATHS STATE MEANS OF INJULY cough; Chronic valvular heart disease; etc. The contributory Nomenclature Mcasles; of the

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD B D MARGIN RESERVED FOR IS WITH UNFADING INK--THIS

8, No. 1

N. B.

PLACE OF DEATH	STATE OF MARYLAND
County Harford	CERTIFICATE OF DEATH
	Registration Dist. No. / 87
Village or City Bocks (No.	St: Ward) (if death occurred in a hospital or Institu-
2FULL NAME William U6	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male While Single, Married Wilowed.  S SINGLE, MARRIED, Married Wilowed.  OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH  (Nonth) (Day) (Year)	11 I HEREBY CERTIFY, That I attended the deceased from 192 7 to 192 1, 1923), that I last saw is the alive on 200 cm. 1923),
7 AGE    If LESS than   I day hrs. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry	nuffing Cann
business, or establishment in which employed or (employer)	(Durstion)yrsrnosde.
9 BIRTHPLACE (State or country) Mnd	Contributory Secondary  (Dufstion) yra mosds.
10 NAME OF John Ely	(Signed) A COSHILL M. D.
OF FATHER  (State or country)  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Harma Tricker	16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	lents or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informations Georgeanna M. Ely	Former or usual residence
(Address) Sharen	Josh ME. Mas 10, 1930. 20 UNDERTAKER ADDRESS
Registras	Dean Hester Bel an mol

02091

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.





(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from ployed as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEARL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cropp"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) telanus) may be stated under the head of "eontributory." "Ezhaustion," "Heart Lauur, Old Age," "Shoek," "Old Age," "Shoek," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or misearriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (sceondary), (seeondary Chronic interstitial nephritis, unqualified, (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Caneer" is less definite; avoid cough; "" "Weakness," etc., when a definite disease or intercurrent) affection need is indefinite); Tuberculosis of lungs, men-Chronic valvular heart disease; etc. The contributory not be

N. B.-Every Item of Information should be carefully supplied. ACE chould be stated EXACTLY, PHYSI-CIANS should state CAUSE OF BEATH in piain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD トといとと MARGIN RESERVED FOR BINDING Y, WITH UNFADING INK--THIS IS A P WRITE S. No. 1

0

PLACE OF DEATH  County Darful	G501 STATE OF MARYLAND CERTIFICATE OF DEATH
100	Registration Dist. No. / D
Village or City West Charles G. Easta	St.: Ward) (If death occurred in a hospitul or institu- tion, give its NAME is- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
G DATE OF BIRTH  October 19, 191/  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I arrended the deceased from 5.1970. to 6.1970, that I last saw h 22 alive on 1970,
7 AGE    Syrs. 2 mos.   ds.   or min.?	The CAUSE OF DEATH * was Ge follows:
(a) Trade, profession or particular kind of work	forar mumono
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF	(Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)
FATHER CHARLES SUSTACE  II BIRTHPLACE OF FATHER (State or country)  IZ MAIDEN NAME  OF FATHER  OF F	(Signed) M.D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER  OF MOTHER  OF MOTHER  (State or Country)  OF MOTHER  (State or Country)	IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Trunsients or Recent Residents)  At place of deathyrs
(Informant) Hur Charles Eastacl	Former or usual residence
(Address) Aberdien Mid	STANCIEL DATE OF BURIAL OR REMOVAL DATE OF BURIAL 9., 1930
Filed for 9 19270 Of Mechal	Sence Jarring Sons Cherley Wil
If more banks are needed, addre a tate Negistra	r, 16 W. Saratoga St., Balto. Kequesting V. S. I.o. 1.

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

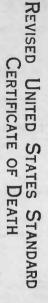
> unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Deblity" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), st\_ted unless important. Whooping cough; Chronic valuular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the tctanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all ..... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJULY American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be ss important. Example: Measles (disease

1	Y,	
	WRITE	

N. B.

V. S. No. 1

PLACE OF DEATH	6502 STATE OF MARYLAND
County / LULY WA	CERTIFICATE OF DEATH
7	Registration Dist. No. 180
Village or City Www Olow (No	St: Ward) (If death occurred in
2FULL NAME Luc llellain	A Evaus a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH  LUG Z 1861	17 HEREBY CERTIFY, That I attended the deceased from 192, 192,
(Month) (Day) (Year)	that I last saw halive on, 192
7 AGE   If LESS than	and that death occurred on the date stated above, atm,
68 yrs. 5 mos. 6 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Curcha Harmonlow
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs, mos de.
9 BIRTHPLACE (State or country Many Louis)	Contributory Secondary  Dynation & mos. ds.
10 NAME OF JULY EVOLUS	(Sgred) Edgewice M. D.
OF FATHER  Z  (State or country)  Law  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Cappinic Larriband	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER MANUALINA	ients or Recent Residents)  At place of deathyrsmosds. Stateyrsmosds.
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of death?
Mar Sur Evans	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Jac Ewovo	Mt. Carmel Cemetery Jan. 10 , 1950
15 Filed lan 10 198 0 Fred Morlok	20 UNDERTAKER ADDRESS
losal Registrar	Howard K. McComas, Abingdon, d.
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"I tetanus) may be stated under the head of "contributory." American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease approved by Committee on carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; etc. The contributory Nomenclature of the

	PLACE OF DEATH County Haufund
Vil	lage or City Muston (No
	2 FULL NAME Mollie L Evans
	PERSONAL AND STATISTICAL PARTICULARS
3 8	Wilder Wilder (Write the word)  4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
6 [	DATE OF BIRTH  Suly 1 Z , 1868  (Month) (Day) (Year)
7 /	If LESS that I day hr
P	a) Trade, profession or Mouseurefee
25	b) General nature of industry usiness, or establishment in which employed or (employer)
9 E	(State or country) Wangland
	10 NAME OF HOST FUE
RENTS	of Father (State or country) Way lauf
PARE	OF MOTHER anne district
	13 BIRTHPLACE OF MOTHER (State or Country)  Way level
14	(Informant) War Faul  (Address) Ele Eword Mg
15	Filed November 7- 1923 o Fred Morlo Registrar

### STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 180

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED WOOD OR DIVORCED (Write the word)	16 DATE OF DEATH WW 6 , 1920 (Month) (Day) (Year)
July 12, 1868 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1978 192 to 19250, thet I lest saw h Walive on 19250,
7 yrs. 3 mos. 75 ds. or min.?	and that deeth occurred on the dete stated above, at 17/30 m.  The CAUSE OF DEATH * wes as follows:
re of industry blishment in or (employer)  Wayfaud  Most Fue  E  untry) Ways Paud	(Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
TRUE TO THE BEST OF MY KNOWLEDGE	Accidental, Suicidal or Homleidal.  18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Translents or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted, if not at place of death?
Ww Trail  (1) Edg Eword Md  liv 7- 1923 o Fredolforlok  Registrar	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  MA Carnel  20 UNDERTAKER  HOWARD N. Mc Coma Abuyda Mel
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Whooping "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic valvular heart disease; and consequences (e. g., sepsis, etc. The contributory

N. B.—Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD AANENT MARGIN RESERVED FOR BINDING WITH UNFADING INK--THIS IS A PERMANE WRITE

V. S. No. 1

	PLACE OF DEATH	STATE OF MARYLAND
-	County Harford	(92) CERTIFICATE OF DEATH
1		Registration Dist. No. 182
	Village or City Bel Our Md (No.	St.: Ward) (If death occurred in a hospital or institu-
	2FULL NAME Hawey Ewin	tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
	6 DATE OF BIRTH  (Month)  (Day)  (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Company 1936, that I last saw h Malive on Company 16, 1923
	7 AGE 50   If LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, at
	(a) Trade, profession or particular kind of work Colemba.  (b) General nature of industry	
2	business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  Md	Contributory Collaboration Street Contributory Collaboration Secondary
	10 NAME OF Seo. E. M. Ewing	(Signed) fresh (Signe
	OF FATHER (State or country)  Md	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of Mother Salle a. Dalleum	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or country)  Md	At place of death yrs mos. ds. In the State yrs ds. Where was disease contracted,
	(Informant) My Harry Ewing	if not at place of death?  Former or usual residence
	(Address) Belan mil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OF BURIAL OF 1930.
	Filed apr 18 1980 VE Chambers Deputy Registrar	Dean V Tato Bellin md
	If more blanks are needed, address State Kegistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Houseer," etc., Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotic engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Munager." "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of Statement of Occupation-Precise statement of ochousehold only inot paid Housekeepers who receive a en at home, who are engaged in the duties of the Foreman, or At Home, and children, For many occupations a single word or term on yrs). Farm laborer. Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material not gainfully em-. (b) Grocery,

Strtement of Cause of Death—Name, first, the DISEATE (NUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal force (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lober pneumonia, Bronchopneumonia ("Pneumonia");

and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undertelanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injuly "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Whooping cough; Chronic valundar heart disease; Chronic interstitial nephritis, etc. The contributory ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Measles ;

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Harford Med	CERTIFICATE OF DEATH
	(170)
(1) . 6:	Registration Dist. No. 180
Village or City Ulughor (No.	St.: Ward) (If death occurred in a hospital or institu-
1040 Ohr.	tion, give its NAME in stead of street and
2FULL NAME Freleina Mary	M Jalev number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH_
Lamalo 911 f. t. WIDOWED. MONEY	may 20, 19830
(Write the word)	(Month) (Day) (Year)
B DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
March 2/ 199	was found in her room by her husband
(Month) (Day) (Year)	that I last say bloom to 0 0 P. M. 192
7 AGE If LESS than	and that death occurred on the date stated above, at 200 5 m.
33 / 20 day hrs.	The CAUSE OF DEATH * was as follows:
ds. or min.?	Quicide by firearms,
(a) Trade, profession or	size 32 call revolver shot
particular kind of work	self in right temple of les
(b) General nature of industry business, or establishment in	lasd.
which employed or (employer)	(Duration) yrs. mos. de.
BIRTHPLACE (State or country)	Contributory Secondary
Theather Da	(Duration) yrs. mosds.
10 NAME OF GUINN & I	(Signed) Fred Morlok Goronston
10 0 Later	may 21 19830 (Address) abingdon Mol.
OF FATHER PALSE	
(State or country)	V*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER Mebileud	At place of death yrs mos ds. State yrs ds.
(State or Country)	Where was disease contracted.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Cours Octalor	usual residence
80 A Cal	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Thinty Luthern Cemetery May 23, 19 30
5 Filed may 23 1920 Freed Morlok	20 UNDERTAKER ADDRESS
Filed May 23 1970 Great Registrar	Howard K.McComas, Abingdon, Md.
	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

0 = 000

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthcases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Wom-(b) Colton mill; (a) Salesman, (b) Grocery; without more precise specification as Day Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as 10 ds. Never report mere symptoms or terminal condi Chronic interstitial nephritis, etc. Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic valvular heart Nomenclature The contributory disease;

N. B.—Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ANENT MARGIN RESERVED FOR BIMDING WITH UNFADING INK--THIS IS A PL WRITE

V. S. No. 1

PLACE OF DEATH	0503 STATE OF MARYLAND
County Harford	74-a CERTIFICATE OF DEATH
Village or City Millyreer (No. 8 West	Registration Dist. No. 184  St.: Ward) (If death occurred in a hospital or institu
2 FULL NAME John M. For	tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White Single, Married, Widowed, OR DIVORCED (Write the word)	16 DATE OF DEATH , 1930 , 1927
6 DATE OF BIRTH  Month) (Day) (Year	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE  64 yrs. 9 mos 3 ds. or mi	and that death occurred on the date stated above, at 12 70 mm mrs. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	And the state of t
business, or establishment in which employed or (employer)	(Duration) yrs. 1 mos 4 ds
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER	(Signed)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother	18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds, In the Stateyrsmosds
(Informant)	if not et place of death?
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Sans 5, 1936
Filed Jon 2 136 M. M. Rile - Registrar	20 UNDERLAKER Harlington
If more blanks are needed, address State Regist	trar, 16 W. Saratoga St., Balto., Sequesting V. S. No.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neceswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory " "Convulsions,

No. 1 σġ

ż

1 PLACE OF DEATH  County Harfard	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. /82
Village or City Sheeles (No	St.: Ward)  (If deeth occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale Theil Single, MARRIED, Fettorred (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH  (Month)  (Day)  (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1925, to Soft 70, 1980, that I last saw here on Soft 90, 1980,
7 AGE  8 3 yrsmos / 3 ds. ormin.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 3 yrs mos de.
(State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  OF FATHER	(Signed)
(State by Country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER	Molent Causes, state (1) Means of Injuly and (2) Whether Accidental, Suicidal or Homicidal.  1B LENGTH OF RESIDENCE (For Hospitels, Institutions, Transferts or Recent Residents)  At place of deathyrsmosds.
(State of Country) Land  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) May Jaird	Where was disease contracted, if not at place of dea.h?  Former or usual residence
(Address) Sheet Med,  15 Filed Rept-24 1921 NE Kicharden Registres	Harriberger & Goods Benson und
If more b.anks are needed, addre.s Ltate Kegistre	ar, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.



(Approved by U. S. Census and American Fublic Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewije, Houseen at home, who are engaged in the duties of the laborer, er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Wom-

fever (the only definite synonym is "Epidemic cerebroed term for the same dise se. Examples: Ccrebros pinate EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same acceptinal meningitis"); Dinhtheria (avoid use of "Croup"); pneumonia, Bronchopseumonia ("Pneumonia,

BURR

American Medical Association.) causing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; tctanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, ""Weakness," etc., when a definite disease "Inanition, ..... (name origin; "Cancer" is less definite; avoid Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-" "Marasmus, " "Old Age, " "Shock," or intercurrent) affection need not be valvular heart disease; etc. The contributory

m

	PLACE OF DEATH	
(	County Harford	(188
	WITHIN CONFORATE LIMIT	
Vill	lage or Citynear Havry de Gracino.	
	2 FULL NAME Samuel Fields	·•••••••••••••••••••••••••••••••••••••
	PERSONAL AND STATISTICAL PARTICULARS	v or marketine or marketine or market
3 5	WIDOWED.	16 DATE
11	Mal Colored (Write the word)/Named	17
	Augusts 25, 1890 (Month) (Day) (Year)	that I Ias
7 A	GE [If LESS than	and that
	40 yrs. 2 mos. 6 ds. or min.?	Com
BC	a) Trade, profession or Laborra	Lac
b	b) General nature of industry usiness, or establishment in which employed or (employer) Slow Quarry	
-	STATE (State or country) Ouranna	Contri Seco
	10 NAME OF FATHER QUILENOWN	(Signed)
PARENTS	11 BIRTHPLACE OF FATHER (State or country) Ourguna	*Si Violent Accide
ARE	OF MOTHER Curknowy	18 LENG
	13 BIRTHPLACE OF MOTHER (State or Country)  Ourquig	At place of death
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wa
	(Informant) Marrie Fields (Stife)	Former or usual resid
	(Address) Lost Deposit	bulk
15	Filed Pou 3 1920 Charles J. Foly M.D. Refeistran	20 4110
=		10 W 6

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(if death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.) .....Ward)

	MEDICAL CERTIFICATE OF DEA	ATH
16 DAT	E OF DEATH November 1 st	19\$0
17	I HEREBY CERTIFY, That I attended to	
	last saw halive on	
and the	at death occurred on the date stated above,	12A
Cor	USE OF DEATH * was as follows:	
la	ceration of Scalp and In	ternal
Kes	misotillage	
	(Durstion) yrs	mos
Con Se	tributory due to automobile a	ecedent
	(Duration)yıs,	mos
(Signed)	Martin P. Foley Cor	ouer M
	- 2nd 1980 (Address) Havride	
Viol	*State the Disease Causing Death, or, ir ent Causes, state (1) Means of Injury and dental, Suicidal or Homicidal.	
Acci	ent Causes, state (1) Means of Injury and dental, Suicidal or Homicidal.  IGTH OF RESIDENCE (For Hospitals, In	

s disease contracted, place of death?.....

BURIAL OR REMOVAL

DATE OF BURIAL

In the

ADDRESS

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. ," etc., Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons, who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasumo,
> "Traemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valuatar heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsia, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death ...... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. ciassified (If death occurred ln Ward) Village or City a hospital or institution, give its NAME in steed of street and number.) 2FULL NAME stated | property MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS SSINGLE 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. CO back ğ OR DIVORCED (Write the word) (Month) may ehould attended the deceased from I HEREBY CERTIFY, That I 6 DATE OF BIRTH instructions that CE (Day) (Year) that I hast saw (Month) IlfLESS than and that death occurred on the date stated above, at 7 AGE I day hrs The CAUSE OF DEATH \* was as follows: supplied ds. or min.? mos. 8 OCCUPATION 99 (a) Trade, profession or CS particular kind of work piai (b) General nature of industry business, or establishment in (Duration) 2 mporta which employed or (employer) Contributory Secondary 9 BIRTHPLACE (State or country) FDI 10 NAME OF FATHER shot E CF (Address) 0) 11 BIRTHPLACE /\*State the Disease Causing Death, or, in deaths from field Causes, state (1) Means of Injury and (2) Whether S OF FATHER Z のス (State or country) AU OIL Accidental, Suicidal or Homicidal. ati 12 MAIDEN NAME D' 18 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Trans-Ö OF MOTHER ients or Recent Residents) 91 d state 13 BIRTHPLACE In the At place State.....yrs.....mos... OF MOTHER of death ......yrs......mos......ds. (State or Country) Where was disease contracted, it not at place of dea h?...... 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE hou of Every item CIANS sho statement usual res.dence DATE OF BURIAL 20 UNDERTAKER Registres If more b.anks are needed, addre.s ! tate Registrar, 16 W. Saratoga . Balto., Lequesting V. S. Ivo. 1.

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) tion applies to e.ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Form laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farma (reor given up on account of the DISEASE CAUSING DEATH to report ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. nner, (b) Cotton mill; (a) Salesman, (b) Grocery, Foreman, (b) Automobile factory. The materia. For many occupations a single word or term on specifically the occupations of persons en-For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-punal fever (the only definite synonym is "Epidemic carebrosinal meningitis"); Diphtheria (avoid use of "Croup"); sinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia").

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senilc," etc.), "Dropsy," ("E.haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. Example: Measles (disease Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid cough; or intercurrent) Chronic affection necd valvular heart disease; etc. The contributory not be

N. B .--

PLACE DE DEATH	
County Samuel	
Village or City John (No.	
Burd Oly	KI
2FULL NAME 1 40 40 404	UV
PERSONAL AND STATISTICAL PARTICULARS	
Waly way 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	wol
6 DATE OF BIRTH Juny 9, 18	SU
(Month) (Day) (Ye	
7 AGE	
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	
which employed or (employer)	
9 BIRTHPLACE (State or country)	
10 NAME OF HELL FISHER	
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 11 BIRTHPLACE	
12 MAIDEN NAME 4 OF MOTHER 4	
13 BIRTHPLACE OF MOTHER (State or Country)	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
(Informant) Bussia July	
(Address) 1970 Fred Morlok Registra	

### STATE OF MARYLAND

CERTIFICATE OF DEATH Registration Dist. No.

St: Ward)	(If death occurred is a hospital or institu
	tion, give its NAME in
vir	stead of street and

MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH	6 , 192 32
	(Day) (Year)
17 1 HEREBY CERTIFY, That I at	tended the deceased from
192 to	, 192
that I last saw halive on	192
and that death occurred on the date state	d above, at 1930 q m
The CAUSE OF DEATH * was as follows:	./
	[
my occasales	rew pea
	/:
(Duration)	vrs. 1 2 mos. / de
/	yrsmos
Contributory Secondary	A yes mos ds
(Signed)	M. D
Lec. 6 19230 (Address) 606	g Euro
*State the Disease Causing Death Violent Causes, state (1) Means of VI Accidental, Suicidal or Homicidal.	, or, in deaths from njury and (2) Whether
18 LENGTH OF RESIDENCE (For Hospients or Recent Residents)	itals, Institutions, Trans
At place In the of death yrs mos. ds. Ste	e ateyrsmosds
Where was disesse contracted, if not at place of death?	
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
O Langelon Va	1930 , 1930
20 UNDERTAKER	ADDRESS

Howard ( meloune

90

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., without more precion of the laborer, Farm laborer, Laborer—Coal mine, etc. Womlaborer, Farm laborer, Taborer—Toal in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealen at home, who are engaged in the duties of the to know (a) the kind of work and also (b) the For many occupations a single word or term on Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic etc. The contributory valvular heart not be disease;

V. S. No. 1

PLACE OF DEATH	09324 STATE OF MARYLAND
County Angland	CERTIFICATE OF DEATH,
	Registration Dist. No. 18
Village or City Werstern (No.	St.: Ward) (If death occurred in a hospital or institu
2FULL NAME JASEJAh 7: Fla	tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED MIDOWED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h alive on the deadle 192
7 AGE  If LESS than 1 day hrs. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry	Chronic Clerkshim
business, or establishment in which employed or (employer)	(Duration)yrsmosds
9 BIRTHPLACE (State or country) Lawrence Mass.	Contributory Secondary  A Duration de la contributorie de la contr
10 NAME OF Michael Flannigan	(Signed) Clurden M. D. Clurden
OF FATHER  (State or country)  White the state of the sta	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Elizabeth Hannigan	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of death yrs mos. ds. State yrs mos. ds.
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of death?
(Informant) Has. J. C. Brien	Former or usual residence
(Address) To Entaw et.	Baper Cemetery Mag 20, 1970
15 Filed any 70 1970 Of Michael	Genry Jarring Jons Werlan Mil
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto. Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the (a) Foreman, (b) Automobile factory. The material or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day (b) Grocery,

Statement of Cause of Death—Name, first, the DISALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "PUERPERAL seplicacmia," "PUERPERAL perilonilis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), (secondar, or intercurrent) affection need not be Chronic interstitial nephritis, Whooping as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Exhaustion," (Recommendations on statement of cause of Examples: Accidental drowning; Struck by ruilway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. The contributory valvular heart disease;

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer Ty-tired 6 yrs. For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Gook, work, or At Home, and children, not gainfully emhousehold only (not paid Househeepers who receive a definite salary, may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coat mine, etc. woun-Civil engineer, Stationary fireman, etc. But in many ," etc., Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (a) the kind of work and also (b) the Salesman. (b) Grocery,

Typhoid fever (never report "Typhoid Pneumonia"); s; inal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospind to time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS pneumonia, Bronchopneumonia ("Pneumonia,

> (Recommendations on statement of cause of death American Medical Association.) approved by Committee on Nomenclature of the 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Deblity" ("Congenital," "Seaile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, interstitual nephritis, cough; Chronic valvular heart disease; etc. The contributory

permanently filed. data answered in detail, it will prevent further correspondence. this certificate is looked over thoroughly and all questions is essential and must be obtained before the certificate is

-	
No.	1
ත්	1
>	ş

PLACE OF DEATH	19325 STATE OF MARYLAND
County Starford	CERTIFICATE OF DEATH
col.	Registration Dist. No.
Village or City Slove (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5	16 DATE OF DEATH
Male Mhite (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH Unknown	17 I HEREBY CENTIFY, That I attended the deceased from 19231. Cles rise 192, 192,
(Moath) (Day) (Year)	that I last saw halive on, 192,
alout 73. mos. ds. or min.	. The CAUSE OF DEATH * was as follows:
8 OCCUPATION	
(a) Trade, profession or particular kind of work	acute colitis
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yts. mos ds.
9 BIRTHPLACE (State or country)	Contributory Secondary  (Durstion)  yrs
10 NAME OF Parker Flower	(Signed) WE. Fallion M. D.
OF FATHER  (State or country)	*State the Disease Causing Death, or in deaths from Niclent Causes, state (1) Means of Lajury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Jame Moobres	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Information May Chlower	usual residence
(Address) Hawkhly yaun	Harmony Cin Ang 23, 1935
Filed (ug 2 2 130 Benha B, Ringh	H Bailey barlington
If more bianks are needed, address State Registra	ir, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queswhatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; nephritis, etc. The contributory contributory

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH EXACTLY, F Registration Dist. No. (If death occurred in .....Ward) a hospital or instituproperly clas tion, give its NAME in . stend of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 16 DATE OF DEATH 3 SEX MARRIED. te bo WIDOWED OR DIVOR may (Write the (Month) (Day) (Year). I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH that nstruction Month) (Dav) (Year) If LESS than and that death occurred on the date stated above, at ..... 7 AGE 0 I day hrs. The CAUSE OF DEATH \* was as follows: or min.? ESERVED 8 OCCUPATION (a) Trade, profession or particular kind of work ai (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or countr. 04 (Durstion) lel Should 10 NAME OF (Signed). L S FATHER 20 1920 (Address) 0) 11 BIRTHPLACE S deaths from OF FATHER \*State the Disease Causing Death, or, in CAUSE Z Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) BE 12 MAIDEN NAM 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 OF MOTHER 00. ients or Recent Residents) CC 13 BIRTHPLACE In the At place OF MOTHER ω State..... .yrs.....mos..... of death ......yis ........ds. Ö (State or Country) should ent of Oc Where was disesse contracted, 0 it not at place of dea h?..... 14 THE ABOVE IS TRUE TO BEST OF MY KNOWLEDGE Every item CIANS sho statement Former or usual res.dence .. DATE OF BURIA 20 UNDERTAKER If more banks are needed, addre.s Ltate negistrar, 16 W. Saratoga St., Balto., Lequesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The materia. For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

"PUERPERAL septicaemia," "PUERPERAL peritonitis, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., whon a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as Whooping American Medical Association.) approved by tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.; Y cough; or intercurrent) affection need Committee on Nomenclature of the Chronic, valvular heart The n.ture of the injury, etc. The contributory disease; not be

N. B.-Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD ANENT MARGIN RESERVED FOR BIADING WITH UNFADING INK--THIS IS A WRITE

V. S. No. 1

PLACE OF DEATH	13841 STATE OF MARYLAND
County Harford	CERTIFICATE OF DEATH
- Do	N3 Registration Dist. No. / 6/
Village or City Wunden (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME is
2FULL NAME Evelyn Inene I	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Single WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH NOV 27, 1930  (Month) (Day) (Year)
6 DATE OF BIRTH  (Month)  (Day)  (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  180 to 21  192  that I last saw h Nalive on 192  192
7 AGE III LESS than	and that death occurred on the date stated above, at
/ yrs. 2 mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
occupation (a) Trade, profession or particular kind of work	Deo Calitis
(b) General nature of industry	
businesa, or eatablishment in which employed or (employer)	(Duration)yremoede.
9 BIRTHPLACE (State or country) And Solb Va-	Contributory Secondary  (Duration)  yrs
1D NAME OF FATHER PARENT ST. Freese	(Signed) BKK. Willerery M. D.
0) 11 BIRTHPLACE OF FATHER 7	1978 (Address) 1973 (Address)
OF FATHER  (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER frances V. Boystons	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the of death yrs mos ds, State yrs mos ds,
(State or Country)	Where was disease contracted, if not at place of deah?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence
(Informant M. John M. Creese	19 PLACE DF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Weeken Mid	Bakers Cemetery Nov- 25, 1930
Filed Nov 24 19230 Co Michael Registras	Level James Hous Gladen Hel
If more blanks are needed, address State Registrar	, 16 W. Safatoga St., Balto, Requesting V. S. No. 1.

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from er," etc., without more prevent of mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the (a) Foreman, (b) Automobile factory. The material Civil engineer, business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. or given up on account of the DISEASE CAUSING DEATH For many occupations a single word or term on Stationary fireman, etc. But in many

spinal meningitis"); Diphtheria (avoid use of "Croup"); Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respec time and causation), using always the same accept. pneumonia, Bronchopneumonia ("Pneumonia,

> (Recommendations on statement of cause of death diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, by Committee on Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature of the

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. It this certificate is looked over thoroughly and all questions

V. S. No. 1

N. B.-

	03023
PLACE OF DEATH	STATE OF MARYLAND
County Harland	CERTIFICATE OF DEATH
	Registration Dist. No. 185
Village or City Hallsrace (No.	St: Ward) (If death occurred in a hospital or institu-
2FULL NAME Eliza Geleute	tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale white (Write the word)	16 DATE OF DEATH Murch 10, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Sektember 6: 1863	N - 2 3 1929 to Merch 1930,
(Month) (Day) (Year)	that I last saw h alive on Marsh 10, 1920,
7 AGE   If LESS than	and that death occurred on the date stated above, at 22 m.
66 yrs. 6 mos. 3 ds. or min.?	The CAUSE OF DEATH * was as follows:
BOCCUPATION	And besting emple
(a) Trade, profession or particular kind of work	a Libra
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration)ds.
9 BIRTHPLACE (State or country) Maryland.	Contributory Secondary
10 NAME OF John Gornow	(Signed) T. W. Weine M. D.
II BIRTHPLACE OF FATHER	3 1980 (Address) Hain of which
OF FATHER  (State or country)  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Sulcidal or Homicidal.
of MOTHER Saral Lee	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Manyland.	At place of deathyrsmosds. Stateyrsmosds.
4 THE ABOVE IS TRUE TO THE BEST OF NY KNOWLEDGE	Where was disease contracted, if not at place of death?
	Former or usual residence
(Informant) Mico. Tred Takeley	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Hall Sace rul	Au , 2 . High Pour nicle 1/3 19.30.
15 File March 11 180 Chas. & Foly, M.D.	20 UNDERJAKER . D ADDRESS Zee
Registrar	Tennigtontone olde trace

If more branks are needed, address State Registrar, 16 W. Saratoga St. Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

CERTIFICATE OF DEATH

REVISED

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Houseward, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e.g., Farmer or Planter, cupation is very important, so that the relative health-Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material (b) Gracery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: (\*erebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Erhaustion," "Heart failure," "Haemorrhage," approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic ocid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitiol nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease (secondar, or intercurrent) affection need not be "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi cough; Chronic volvulor heart disease; Example: Measles (disease etc. The contributory

If more blanks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting NA

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institution, give its NAME instend of street

MEDICAL CERTIFICATE OF DEATH I HEREBY CERTIFY. That I attended the deceased from and that death occured on the date stated above, at 7 (Duration)..... \*State the Discase Causing Death, Violent Caus s, state (1) Means of Injury Accidental, Suicidal or Homicidal. and (2) whether 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-State yra mos de. DATE OF BURIAL

RESERV

MARGIN

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, of the home. Care should be taken to report specifically the occupations of persons enwork, or At Home, and children, not gainfully em-ployed, as At school, of At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: 'a additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health household only (not paid Hausekeepers who receive a Physician, Compositor, Architect, Statement of Occupation-Precise statement of oc-Foreman, first line will be sufficient, e. g.. Farmer or Planter, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. without more precise specification as For persons who have no occupation (b) Automobile factory. The materia Stationary Jareman, etc. Locomotive engineer, But in Pany (b) Grocery, Wom-

Statement of Cause of Death—Name, first, the DISERASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synnaym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "uphoid fever (never report "Typhoid Pneumonia"); I obar pneumonia. Bronchopneumonia ("Pneumonia")

lelanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," de. "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcona,, etc., of . . . . . . . (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepses curbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmoumonia (secondary) Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); unqualified, is indefinite); : Tuborculosis of lungs, men-American Medical Association.) Whooping "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic etc. valvular heart Always qualify all The contributory Measles; disease; death

No

vå

1

PLACE OF DEATH	04380 STATE OF MARYLAND
County Danford	CERTIFICATE OF DEATH Registration Dist. No.
Village or City Serryman No	St.: Ward) (If death occurred in a hospitul or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE  MARRIED  MARRIED  WIDOWED  OR DIVORCED  (Write the word)  6 DATE OF BIRTH  Annuary  (Month)  (Day)  (Year)	16 DATE OF DEATH  (Month) (Day) (Year) 970  17 I HEREBY CERTIFY, That I attended the deceased from 192 7 to 17, 1930, that I last saw 12 alive on 4 17 1930, and that death occurred on the date stated above, at 1, 200 m.
8 OCCUPATION (a) Trade, profession or particular kind of work	The GAUSE OF DEATH * was as follows:  Firmerial describedian  Listendard To all 40
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs mas de.
SBIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  Maryland  14 Hindus  15 BIRTHPLACE OF MOTHER (State or country)  Maryland	(Signed)
(Informant) Mas Parker Mitcheld  (Address) Sungman Mills  (Address) Priled Off 19230 Checked  Registral  If more banks are needed, address State Registral	if not at place of death?  Former or usual residence

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b tired 6 yrs). household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*should be used only when needed. As examples: a additional line is provided for the latter statement : it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Parmer or Planter, tion applies to cach and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation Precise statement of oc state occupation at beginning of illness. If retired from gaged in domestie service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer,'" (Foreman," "Manager," "Deal-Spinner, cases, especially in industrial employments, it is necesbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housenaid, etc. If the occupation has been changed whatever, write None. to report specifically the occupations of persons en-Foreman, engineer, Stationary Jireman, et. But in many or At Home, and children, For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile Laborer-Coal mine, etc. factory. The not gainfully em-(6) The quesmaterial (irocery; Wom-

Statement of Cause of Death—Name, first, the DIS-YEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: \*Cerebrospinal fever\* (the only definite synonym is "Fpidemic cerebrospinal menic, itiz"); \*Diphtheria (avoid use of "Croup"); \*Typhoid fever\* (never report "Typhoid Pneumonia"; \*Lobar gneumonia Bronchopneumonia ("Pneumonia.")

telanus) may be stated under the head of "contributory "PUERPERAL septicaemia," "PUERPERAL perilonilis, "Izanition," "Marasmus," "Old Age," "Shock," "Tranition," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); inges, perdonaeum, etc., Carcinoma, Sarcoma, etc., of ..... (name origin; "Cancer" is less definite; avoid as fracture of skull, and eonsequences (e.g., selsis, diseases resulting from childbirth or miscarriage as "Exhcustion, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary Whooping cough; Chronic Chronic interstitial nephritis, (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICITAL, ean be ascertained as the eause. American Medical Association.) approved Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was underunqualified, "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJUTY " ("Congenital," "Senile," etc.), "Dropsy, stion," "Heart failure," "Haemorrhage, by Committee on Nomenclature is indefinite); Tuberculosis of lungs, menor intercurrent) affection need not be Example: Measles (disease valvular heart disease; etc. The contributory Always qualify : 11 Measles;

[[	1 PLACE OF DEATH WITHIN CORPORATE	05633 STATE OF MARYLAND
	1/ /	CERTIFICATE OF DEATH
C	ounty Varfacel	Registration Dist. No. 185
Villa	2 FULL NAME Juny Solomo	St.: Ward)  St.: Ward)  a inospitual or institu- nion, give tis NAME in- stead of street and sumber.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 S	Male Thite Sungle, MARRIED, WIDOWED Barried OR BIVORCED (Write the word)	16 DATE OF DEATH May, 1920  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from Optil 23 19230, to May 11, 19230,
	(Month) (Day) (Year)	and that doesh occurred on the date stated above, et 11: 30 fm.
W (	COUPATION  Trade, profession or	The CAUSE OF DEATH A wee so follower Where Week Schaleged Peritonitis
万世	articular kind of work  D) General nature of industry usiness, or establishment in thich employed or (employer)  IRTHPLACE (State or country)	Contributory Cardiac & Reginatory Failus Recondary  (Duretion) yrs mos & da.
	10 NAME OF Michalis Volomos	(Signed) Charles J. Foliag. M. D.
RENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether
PAR	12 MAIDEN NAME OF MOTHER Cregelia Tourniot	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfents, or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos de. State, yrs mos da.
14 1	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Address) Harry Vantor Md	Former or usual residence
15	Filed May 12, 1930 Charles J. Foly M. Reclutry	Cennington & Son Stare de France
13	f more blanks are needed, address State Registrar.	16 W. Sarataga St., Balto, Requesting V. S No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH, House maid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant. Cook, definite salary), may be entered as Housewife, House. whatever, write Nonc. to report specifically the occupations of persons enployed, as At "chool or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mitl; (a) Salesman, (b) Crocery; nature of the business or industry, and therefore an worked on may form part of the second statement (a) Foreman. (b) Automobile factory. The material should be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Plantor, tion applies to each and every person, irrespective of fulness of various paranits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on specially in industrial employments, it is neces-Coul mine, etc. Wom-As examples: (a)

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spiral meningitis"); Diphtheria (avoid pneumonia"); Lobar pneumonia. Bronchonneumonia ("Pneumonia").

cortificate is permanently filed

.ill the cata is

enswered in detail, it will prevent furth

. ssential and must be obtained before

upent quences (e.g., sepais, tetanus) may be stated under the ture of the injury, as fracture of shull and consenead as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF symptomatic), "Atrophy," "Collapse, condition . such as "Asthenia," Poisoned by carbot's acid-probably suicide. train-accident: Revolver wound of head-homicide; Examples: taken. For violent bearns state means of injury State cause "PUERPERAL septicuemia," PUERPERAL peritonitis." diseases resulting from childbirth or miscarriage as can be ascertained as the car e. "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustion." "Heart ary), 10 ds. Never report mere symptom or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Nomenclature of the American Medical Association.) vulsions," Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasm.); Measles; unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) Whooping cough; Chronic valvular heart If this certificate is looked over thorong by an all quesof "contributory." (R. commendations on stateof cause of death approved by .. (паше orlgin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile." etc.), Accidental drowning; Street by for which surgical operation was under-Example: Meanles affection Always qualify all failure." Sollingular "Coma." "Conneed not be "Haemorrailway (merely (second-(discase discase; etc.

(Approved by U. S. Census and American Public Health Association.)

tired 6 state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-II or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a borer, Farm laborer, Laborer—Coal mine, etc. Wom-For many occupations a single word or term on especially in industrial employments, it is necesyr8). For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospitual fever (the only definite synonym is "Epidemic cerebrospitual meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Meastes; unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Aecidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary Whooping eougn; Curonic Chronic interstitial nephritis, approved by Committee on Nomenclature American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; or intercurrent) affection need not be Chronic Example: Measles (disease " "Coma," "Convulsions, valvular heart discase; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

3

N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD JITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR

>
 5
F
1
'n
WRITE
K
5

V. S. No. 1

CERTIFICATE OF DEATH
Registration Dist. No. 195
skital St.: Ward) (If death occurred in
St.: Ward)  a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH December 39, 1980  (Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended the deceased from 192
that I last saw halive on, 192,
and that death occurred on the date stated above, at 10 Charlem.  The CAUSE OF DEATH * was as follows:  (and deac Decompensation
Contributory acute alesholism
Secondary (Durstion) yrsmosds.
(Signed) Martin P. Foly Coroner M. D. D. Dec 45 1980 (Address) Holored Grace Mcl.
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
At place of deathyrs
if not at place of death?
usual residence
Mt. Olivet Com Frederick Dec 6, 1930
20 UN DERTAKER ADDRESS ADDRESS
rar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Solesman. (b) whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enr." etc., Foreman, (b) Automobile factory. The materia For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Grocery.

Statement of Cause of Death—Name, first, the DISERASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted the term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL peritonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"Exhaustion," Whooping inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; ongenital," "Senile," etc.), "Dropsy, "Heart failure," "Haemorrhage, Chronic valvular heart disease; not be

Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CORD M. WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR WRITE I

V. S. No. 1

/	County	)	. 01			N CORP
Vil	lage or City <sup>2</sup> FUI	Maire	Au	ul.	·	L
=	PERSON	NAL AND	STATISTI	CAL PA	RTICU	LARS
38	iurle	4 COLOR	OR RACE	SINGLE MARRI WIDOW OR-DIV (Write t	ED.	idor
6 [	DATE OF BIR	th U		vn	N	, 1
7 4	GE		(Month)	()	Day)	(Y)
, ,	1 1	, ,				l day
()	OCCUPATION a) Trade, pro- articular kin- b) General no	ofession or d of work, ature of inc	Hor	nos.	nl	or .
- A-0-8-	a) Trade, pro articular kin	ofession or d of work, ature of ine stablishmen ed or (empl	Hordustry t in	leur blan	de.	or .
- A-0-8-	a) Irade, pro- articular kin- b) General musiness, or en which employ- sirthplace	ofession or d of work ature of inc stablishmen ed or (empl	Hordustry t in	<u>.</u>	orl Bro	or .
9 8	a) Trade, property articular kinds (Seneral national Property and Prop	of ession or d of work, ature of instablishmen ed or (empluntry)	Hordustry t in	<u>.</u>	do.	or .
- A-0-8-	a) Trade, property articular kinds (Seneral national Property and Prop	of ession or dof work, ature of incestablishmen ed or (employer)  of School of the stablishmen ed or (employer)  of Sch	Hordustry t in	<u>.</u>	do.	or
ARENTS	a) Irade, pro- articular kin- b) General no- usiness, or e- hich employ- BIRTHPLACE (State or cot  10 NAME O FATHER  11 BIRTHPL OF FATH (State or 12 MAIDEN OF MOTH 13 BIRTHPL OF MOTH	of ession or dof work, ature of inc stablishmen ed or (emplormentry)  ACE ER recountry)  NAME HER  ACE	Hordustry t in	<u>.</u>	Bro	or

STATE OF MARYLAND

15059

CERTIFICATE OF DEA	TH	ľ

-	CERTIFICATE OF DEATH
T	Registration Dist. No. / 5.5
	St.: Ward)  St.: Ward)  a hospital or institution, give its NAME in stead of street and number.)
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH LOW 25 , 1980
i	(Month) (Day) (Year)
-	17 / I HEREBY CERTIFY, That I attended the deceased from
	1920. to Dec 25 , 1920
	that I last saw h alive on 25, 1923
n	and that death occurred on the date stated above, at
1.	The CAUSE OF DEATH * was as follows:
3	artiero Velerosio
	Condocardilos.
	(Durstion) mosds
	Contributory advas Taslerse Secondary
	(Durstion)
	(Signed) halls I foliag M. D.
-	12/1/ 19230 (Address) /4 are and frame
_	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
_	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
	At place of deathyrsmosds. In the Stateyrsmosds.
-	Where was disease contracted, if not at place of death?
	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	unoulemetery Dec. 28: 1930
	20 UN DERTAKER ADDRESS
	security our warde and

If more blanks are needed, address State Registrar, 16 W. Saratoga St. Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a er," etc., For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Whooping approved by as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Exhaustion, American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, ility" ("Congenital," "Senile," etc.), "Dropsy, haustion," "Heart failure," "Haemorrhage," perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Nomenclature of the Chronic etc. The contributory valvular heart disease; not be

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSINCIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back-of-certificate. ECORD MANENT MARGIN RESERVED FOR BINDING WITH UNFADING INK-THIS IS A PL WRITE No. 1

ØŹ

PLACE OF DEATH	STATE OF MARYLAND
County Harford	CERTIFICATE OF DEATH
The post of the	Registration Dist. No. / \forall /
2FULL NAME harles by Yall	St: Ward)  (If death occurred In a hospital or institu- tion, give its NAME is- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, MARRIED, Single OR DIVORCED (Write the word)	16 DATE OF DEATH March 4, 198 30
6 DATE OF BIRTH  (Month) (Day) (Year)	17 THEREBY CERTIFY, That I attended the deceased from 1930, to Mary, 1930, that I last saw hundlive on Mary, 1930,
yrs. 5 mos. 26 ds. If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at 7:50 f.m. The CAUSE OF DEATH * was as follows:  Justice Entered
8 OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) O yrs. O mos 10 ds.
9 BIRTHPLACE (State or country)  Manuland	Contributory Secondary  Duration yrs
10 NAME OF FATHER Martin H. Holladay	(Signed). Chust flicte MRD. May 5 1900 (Address) aluduste
OF FATHER (State or country) Linginia	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Meaas of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Conna M. Clasewitch	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Manuland	At place In the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
(Informant) Mr. Martin H Talladay	usual residence
(Address) Wheaten M. J. + D + C	Bapers Cemetery Harch 5, 1930
15 Filed 1928 (Registra)	Lenge Janing Sons Cherden md
If more banks are needed, addre a litate liegistrar	

ADAME

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative healthto report specifically the occupations of persons engaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive s worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an the first line will be sufficient, e.g., Farmer or Planter, Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) Grocery: eman, (b) Automobile factory. The material For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); s. inal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopacumonia ("Pneumonia,"

atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary Whooping cough; peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory

WRITH

m

PLACE OF DEATH  County Laura	04381 STATE OF I	
Edgeword arshall	Registration I	Dist. No. / 80
2FULL NAME Euro aldora	Lorfach St.: Ward)	(If death occurred In a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE C	OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, COR DIVORCED (Write the word)	16 DATE OF DEATH	4 , 19230 (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 July 192 to	
7 AGE (Month) (Day) (Year)  7 If LESS than l day hrs. 2 ds. or min.?		above, at 7/30 Pm.
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry (b) Usiness, or establishment in	heatrhy	
which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Secondary  (Duration)	yre mos de
10 NAME OF FATHER CLEY WE LIVEU	(Signer) / Warth (Signer) / 1950 (Address) Ed	g Evert my
OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, Violent Causes, state (1) Means of Inj Accidental, Suicidal or Homicidal.	
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)		als, Institutions, Trans- yrsmosds,
(Informant) Mir Randockh Morene	Where was disease contracted, if not at place of dea.h?  Former or usual readence	
(Address) Ely Eurood Md	is place of Burial or REMOVAL Lincoln Cemetery	April 7 , 1930
15 Filed april 6 19230 Fredelbarlok	Howard K.McComas,	Abingdon.Md.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (o) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseworked on may form part of the second statement Physician, Compositor, Architect, Locomotive engineer, household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Doy For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

stated unless important. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Corcinoma, Sarcoma, etc., oi approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, resulting from childbirth or miscarriage as Chronic valvular heart disease; etc. The contributory

PLACE OF DEATH	STATE OF MARYLAND
County Dolfard	CERTIFICATE OF DEATH
	Registration Dist. No
Village or City Washington P.No.	St.: Ward) (If death occurred is a hospital or institu
2FULL NAME Virginia Le	tion, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL PERTIFICATE OF DEATH
Female Chicke (Write the word)	16 DATE OF DEATH 29, 19:37
6 DATE OF BIRTH July 60 1950 (Month) (Day) (Year)	17 HEREBY CERTIFY, That I attended the deceased from 7/124 27 1920 to 8/124 27, 1920 that I that saw has alive of class of the deceased from 1920 that I that saw has alive of class of the control of th
7 AGE    If LESS than   I day hrs. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	3 of 5 Carbbells and f
D BIRTHPLACE (State or country). Harfind lis Ind  10 NAME OF FATHER HUNY & Gorrell  11 BIRTHPLACE	Contributory Secondary  (Signed)
OF FATHER (State or country) Townford Lo Med 12 MAIDEN NAME)	State the Disease Causing Death, or, is deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran
13 BIRTHPLACE OF MOTHER (State or country) / tarfind lo Mid	ients or Recent Residents)  At place In the of death yrs mos. ds. State yrs mos. d. Where was disease contracted,
(Informant) lehas It Jackson	if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Brood Coeff Centry Surfield, 192
Filed July 30 19230 76. J. J. May gable Registrar	20 UNDPETAKER  MOTHS  Sulta Pa  1/16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewije, Houseer," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an worked on may form part of the second statement. For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Uraemia," "Weakness," etc., when a definite disease "Inanition, atic), "Atrophy," "Collapse," "Coma," "Convulsions, approved by (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY tions, such as "Asthenia," "Annemia" (merely symptomcausing death), 29 ds.; L. (secondary or intercurrent) affection need Whooping cough; Chronic valva Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) cause for which surgical operation was under-Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as " "Marasmus," "Old Age," "Shock, Committee on Nomenclature Example: Measles (disease chopncumonia (secondary), valvular The contributory heart not disease;

M

00

	PLACE OF DEATH	13846 STATE OF MARTLAND
	duferel	CERTIFICATE OF DEATH
C	ounty / / / / / / / / / / / / / / / / / / /	E) 183
	000	Registration Dist. No.
7.11	Def Wer	St: Ward) (If death occurred in
Ville	age or City (No	a hospital or institu-
	20 1. 0.	stend of street and
	2 FULL NAME CHIEFE CHIM STOV	Aumber.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 S	EX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
	WIDOWED	NV 1 1950
I	wal colard (Write the word)	(Month) (Day) (Year)
-	ATE OF BIRTH	17   HEREBY CERTIFY, That I attended the deceased from
0 11.	ATE OF BIRTH	0 CT A P 1920 to 1920.
	Ofice 2/ 856	that I last saw her alive on Oct 81 , 1850.
	(Month) (Day) (Year)	and that death occurred on the date stated above, at 17.74.m.
AG	If LESS than	
	I dayhrs.	The CAUSE OF DEATH & was a follows:
		Chelinal Thismbolis
	CCUPATION	
	articular kind of work	
	) General nature of industry	ſ
	usiness, or establishment in	(Duration) yrs. mos de,
,	hich employed or (employer)	Contributory (Clares Clares
9 15	(State or country)	Secondary
	Herfund Co Mo	(Duration)
	10 NAME OF FATHER	(Signed) Willard V. Dullsbu M. D.
	Corbar Tille	Tur 1 1930 (Address) Foust All me
TS	11 BIRTHPLACE OF FATHER	*CA-A- the Disease Causing Dooth or in dooths from
ENT	(State or country) MM.	Violent Causes, state (1) Heans of Injury: and (2) whether Accidental, Suicidal or Homicidal,
AR	12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
۵	Eliza Jam Juglos	iente, or Recent Residents)
	13 BIRTHPLACE OF MOTHER	At place In the
	(State or country) mo.	of death yrs. mos. da. State, yrs. mos. da.
14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	Lashina Lover	Former or usual residence.
	(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Del air	
15	· Address)	Penly Grove Can. 1100 3 150
	More and one of a Thomas P. Brown	20 UNDERTAKER ADDRESS
ŀ	Registrar	Clevital Havekante
		Land on the state of the state
	" more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requestion V. S No. 1

OTATE OF MADVI AND

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (re-tired 6 yrs.). For persons who have no occupation Whatever, write None. state occupation at beginning of illness. If retired from or given up on account of the disease causing Death. Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school or At home, Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Never return "Laborer," "Foreman." "Manager," "Dealadditional line is provided for the latter statement; in nature of the business or industry, and therefore an worked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer (a) Foreman, (b) Automobile factory. sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary foremen, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc etc., For many occupations a single word or term or or At Home, and children, not gainfully emwithout more precise specification as Day -Coal mine, etc. Wom-The material

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphal fever (the only definite synonym is "Epidemic cerebrosphal spinal meningitis"); Diphtheria (avoid use of "Group"); Typhoid fever (uever report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

non

answered in detail, it will prevent further correspondall the data is essential and must be obtained before

prtificate is permanently filed

nent of cause of death approved by Committee . Nomenclature of the American Medical Association.) head of "contributory." (R commendations on statequences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbalic acid—probably suicide. tran-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or State cause for which surgical operation was nuder-"Puerperal scuticuomia," "Puerperal peritonitis," discases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age." "Shock," "Dropsy," "Exhaustion," "Heart failure." symptomatic), "Atrophy," "Collapse," couditions, such as "Asthenia," ary), 10 ds. Never report more symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles rulsious," (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of inqualified, is indefinite); Tuberculosis of lungs, men-..... (uame origin; "Cancer" is less definite; avoid Whooping this certificate is looked over thoroughly and all ques-FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), cough; Chronic valvular heart discuse; "Апаетіа" "Соша," "Huemor-Measles; (second-(discase (merely "Con-

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired & yrs.). business, that fact may be indicated thus: Farmer (re state occupation at beginning of illness. If retired from or given up on account of the disease causing death, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons euployed, as Al school or Al home. Care should be taken definite salary). may be entered as Housewife, House. household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e. g., Farmer or Planter, Housemaid, etc. laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various purgnits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation If the occupation has been changed But in many

Ease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Diphtheria fever (never report "Typhoid pnenmonia"); Dobar pneumonia, Bronchopneumonia ("Pneumonia").

ment of cause of death approved by Committee on head of "contributory." Nomenclature of the American Medical Association.) quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Momicidal, or State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. rhage," "Inanition," "Marnymus" "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia vulsions," stated unless important. Chronic interstitial nephritis, etc. use of "Tumor" for malignant ueoplasms); ...... (uame origin; "Cancer" is less definite; avoid mgcs, perilonacum, etc., Carcinoma, Sarcoma, etc., of (secondary or intercurrent) affection need not be Whooping cough; Chronic valuater heart disease; unqualified, is indefinite); Tuberculosis of lungs, men-For "Debility" ("Congenital," "Senile," etc.), VIOLENT DEATHS STATE MEANS OF INJURY (Recommendations on state-Example: Meastes Shuck by railway Always qualify all The contributory The na-Measles; (second-(disease "Con-

LY. PHYSICIANS Exact statement of Every item of information should be carefully supplied. AGE should be stated EXACT should state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate. ENT REC BIND A PERM INLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN

V. S. No. 1.

	' PLACE OF DEATH	01727 STATE OF MARYLAND
Com	Most for d	CERTIFICATE OF DEATH
Cour	nry	(45)
	a Aft All	Registration Dist. No.
Villa	age or City Fillslore (No.	St.; Ward) [If death occorred in
	11011	a hospital or institution,
	2 FILL NAME Milliam 16 Gr	of street and number.]
	- FULL NAIVIE	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	MARRIED.	16 DATE OF DEATH
mi	ale Thile OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 D.4	ATE OF BIRTH	17   HEREBY CERTIFY, That I attended deceased from
	0. T 15 AM	197, to TID , 19134
	(Month) (Day) (Year)	that I last saw h Marelive on Tel 1934
7 AG		and that death occurred on the date stated above, at LOPm.
	7 2 4 10 1 day, hrs.	The CAUSE OF DEATH * was as follows:
16.5	yrs	Carcinoma Colas.
10	a) Trade, profession, or	The state of the s
ba	ITTICUIAT KING OF WORK	* metaoros
(b) General nature of industry business, or establishment to		(0
wh	hich employed (or employer)	(Ouration) fra. mes. ds.
9 BIRTHPLACE (State or country)		Contributory Secondary
	Maryland	(Augation) yrs. mes. de.
	10 NAME OF FATHER	(Signed) Francell J. Righting
(n)	11 BIRTHDIACE	-feld 30 mm B- 06
Z	OF FATHER (State or country)  Maryland	*State the DISEACE CAUSING DEATH, Or, in deaths from VIOLENT
RENTS	12 MAIDEN NAME () / L	CAUSES, state (1) MEANS OF INJURY: and (2) whether ACCIDENTAL. SUICIOAL OF HOMICIOAL.
Ad	OF MOTHER Colins Bowman	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE	OR RECENT RESIDENTS) At Blace in the
	(State or country) Maryhama	of death
(Informant) Pars Farme gray  (Address) Pallslan Md.		Where was dieses contracted, If not at place of death?
		Formar or saul residence
		19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
		A. L R 1 -1 -1 - 30
16 Fela and Wishard		20 UNDERTAKER ADDRESS
FI		V. C. M. Il. T. Jaile Mad
	REGISTRAR	10 7. Macher Jones nous Med,
:	If more blanks are needed, address State Registrar, 1	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Realth Association.]

who receive a definite salary), may be entered as House-6 yrs.). For persons who have no occupation whatever, wife, Housework, or At Home, and children, not gainfully business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemoid, etc. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be the duties of the household only (not paid Housekeepers mobile factory. mill; (a) Salesman, (b) Grocery: (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager." "Dealer." etc., without more of the second statement is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to eian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-The material worked on may form part If the occupation has been changed Women at home, who are engaged in Never return "Laborer," If retired from (b) Autoof age.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," menindefinite); Tuberculosis of lungs, menindefinite); Tuberculosis of lungs, menindefinite)

on Nomenclature of the American Medical Association.) under the head of "Contributory." and consequences (e. g., sepsis, telanus) may be stated suicide. head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent beating "PUERPERAL perilonitis," etc. birth or miscarriage etc., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . "Anacmia" cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of statement of cause of death approved by Committee by railway train-accident; Revolver Always qualify all diseases resulting from child-or miscarriage as "PUERPERAL septichaemia," "Old Age," "Shock," The nature of the injury, as fracture of skull, "Coma," (merely symptomatic), The contributory (secondary or intercur-"Convulsions," "PUERPERAL septichaemia," "Dropsy," "Exhaustion, "Uraemia," "Weakness. State cause for which "Debility" ("Con-(Recommendations "Atrophy," ACCIDENTAL, wound of

PLACE OF DEATH	03026 STATE OF MARYLAND
County Harkers	CERTIFICATE OF DEATH
	9 Registration Dist. No. /8/
Village or City ( Murkey (No.	(If death accounts in
2FULL NAME Robert Green	St.: Ward) a hospitul or institu- tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE 5 SINGLE, MARRIED Single WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 10, 19% 30.  (Month) (Day) (Year)
5 DATE OF BIRTH  December 7, 1929  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Morek B' 1920. to March 1920, 1920, that I last saw hamplive on March 9 , 1920,
7 AGE  / yrs. 3 mos. 3 ds. or min.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Wiroping bugh
business, or establishment in which employed or (employer)	Contributory Development Contributory
10 NAME OF FATHER Will Treen	(Signed) M. D. 3-10 1923 (Address) Harno 2 40
11 BIRTHPLACE' OF FATHER (State or country) Maryland 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Georgiamma Metchell	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Maryland	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Address) Caludan Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  W. Calvary Emetory March 18 1930
15 Filed Mich // 19232 Of bleeford Registral	20 UNDERTAKER ADDRESS Menny Javanna John Cherdun Ma
If more blanks are needed, addre.s Ltate Negistra	ar, 16 W. Saratoga St., Bulto., Kequesting V. S. No. 1.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed laborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to e ch and every person, irrespective ci fulness of various pursuits can be known. whatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a (b) Cotton mill; (a) Salesman, (b) Grocery; eman, (b) Automobile factory. The material For persons who have no occupation single word or term on The ques-

Typhoid fever (never report "Typhoid Pneumonia"); s; inal meningitis"); Dinhtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same dise\_se. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS to time and causation), using always the same acceptpneumonia, Bronchopueumonia ("Pneumonia,

> "(E.haustion," "Heart Induct,
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthonia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary) st\_ted unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as accidental, suicidal or Homicidal, "PUERPERAL seplicacmia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal condi (secondary or intercurrent) affection need not be st.ted unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-Chronic interstitial nephritis, Whooping cough; FOR VIOLENT DEATHS state MEANS OF INJU.; Y . (name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; etc. The Nomenclature of the contributory

answered in detail, it will prevent further correspondence. permanently filed. data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all qu stions

N B.-Every item of information should be carefully supplied ACE should be state EXACTLY, PNYSI-CIANS should state CAUSE OF DEATH in plain torms so that it may be properly classified. Exact PECORD MANENT BINDING WITH UNFADING INK---THIS IS A MARGIN RESERVED FOR WRITE 4. S. No. 1

	PLACE OF DEATH	04382 STATE OF MARYLAND
	County Trackord	CERTIFICATE OF DEATH
		Registration Dist. No. / 8
	Village or City Oberdeens P.J. D.	a hospital or institu-
tificat	2FULL NAME Unu & Green	
Cer	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	Jewale White Single, Married, Widowed, Wildows (Write the word)	16 DATE OF DEATH Quel 13 , 19130 (Month) (Day) (Year)
ns on k	Sefetember 22, 1843	that I last saw her alive on April 9, 1980.
tio	(Month) (Day) (Year)	and that death occured on the date stated above, at 12:01Pm.
ruc	7 AGE [If LESS than I dayhrs.	The CAUSE OF DEATH * was as follows:
inst	16 yrs. 6 mosds. ormin.?	· Or of
See	(a) Trade, profession or particular kind of work	Teneral Debilely
1	(b) General nature of industry	2
rta	business, or establishment in which employed or (employer)	Duration yrs. mos. ds.
mpo	9 BIRTHPLACE (State or country)	Contributory Secondary  (Dynation) / yrs, mos, ds,
very	FATHER George Cullium	(Signed) Cley Hirdle D. D. Chill 15 102 D(Address) allender M. D.
ON IS	STATE (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
PAT	of Mother Samuale Walker	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
occur	13 BIRTHPLACE OF MOTHER (State or country)  Moregland	At place In the of death yrs
ent of	(Informant Mis) Marche V. Skerelau	if not at place of death?  Framer or yual residence
statem	(Address) Werdeen R. L. D	mittes Chapelleweley Oft. 16,19.30
st	File Child 1930 O Michael Registra	Try. Jarring & Sous aberden
	if more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balte, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: a additional line is provided for the latter statement : it the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. tired 6 yrs). For persons who have no occupation definite salary), may be entered as Housewife, House worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, et . But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation Precise statement of oc whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed guged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, to know For many occupations a single word or term on or At Home, and children, Farm laborer, without more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) mill; (a) Salesman. Laborer--Coul mine, etc. Womnot gainfully em-(6) Growry.

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphial fever (the only definite synonym is "Epidemic cerebrospinal menic, itis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"; Lobar uncumonia Branchopneumonia ("Pneumonia";

diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. " Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., ef unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sersis, telanus) may be stated under the head of "contributory". carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. State cause for which surgical operation was undercan be ascertained as the cause. "Exhaustion, Chronic interstitial nephritis, Whooping cough; Examples: Accidental drowning; Struck by railway train American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJUNY by Committee on Nomenclature of the Chronic Example: Measles (disease etc. valvular heart disease; Always qualify all The contributory

XACTLY, P stated 000 supplied. WITH UNFADING INK--THIS RESERVED MARGIN 0

certificate

See instructions

in piai

Q

houl

Every item CIANS sho statement c

of

importa

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Village or City (If death occurred in Ward) a hospital or institution, give Its NAME Is -E Sheer stead of street and number.) 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIED, 42 16 DATE OF DEATH WIDOWED. OR DIVORCED Write the word) (Month) 6 DATE OF BIRTH CERTIFY, That I attended the deceased from 7 AGE IfLESS than and that death occurred on the date stated above, at The CAUSE OF DEATH \* was as follows: de. or min.? B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in .(Duration) .....yrs.....mos... which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 1924) (Address) 11 BIRTHPLACE OF FATHER \*State the Disease Causing Death, er, Violent Causes, state (1) Means of Injury ENT deaths from and (2) Whether (State or country) Accidental. Suicidal or Homicidal. 12 MAIDEN NAME C 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER (State or country) Where wee disease contracted. if not at place of dea.h?.. BEST OF MY KNOWLEDGE 14 THE ABOVE IS TRUE Former or usual residence... DATE OF BURIAL If more blanks are needed, addre. s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer restate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook, ployed, as At school, or At home. Care should be taken (a) Foreman, Spinner, (b) Cotton mill; (a) Salesman, (b) cases, especially in industrial employments, it is neces-Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative healthwhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many Statement of Occupation-Precise statement of oc-For many occupations a single word or term on yrs. For persons who have no occupation (b) Automobile factory. The material Architect, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease (secondary or intercurrent) affection need inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traincausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping American Medical Association.) Recommendations on statement of cause of death Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic etc. valvular heart The contributory not be discase;

CORD

ANENT MARGIN RESERVED FOR BADING WITH UNFADING INK-THIS IS A P

W. S. No. 1

YSI-	PLACE OF DEATH	15061 STATE OF MARYLAND
, PH	County	CERTIFICATE OF DEATH Registration Dist, No. 18
XACTLY classific cate.	Village or City near Oberdeen (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
ated EXAC	PERSONAL AND STATISTICAL PARTICULARS	
ro		MEDICAL CERTIFICATE OF DEATH
ay be page back of	Male Hute SSINGLE, MARRIED, WIDOWED. OR DIVORCED OR DIVORCED (Write the word)	(Month) (Pear)
t m	6 DATE OF BIRTH JUNEARY 1 4 1985	17 HEREBY CERTIFY, That I attended the deceased from
CE ha lon	(Yorth) (Day) (Year)	that I last saw h slive on, 197
led. ACE sis so that structions	7 AGE [If LESS than	and that death occurred on the date stated above, at 6 P.m.
led is str	15 yrs. 4 mos. 18 ds. or min.	The CAUSE OF DEATH * was at follows:
op!	B OCCUPATION — A	had been been been been been been been bee
sur n te See	(a) Trade, profession or School by	soy my.
t air	(b) General nature of industry	January 1
n p	business, or establishment in which employed or (employer)	(de
Care rH 1	9 BIRTHPLACE	Contributory Hemanage
AT	(State or country) New Yack City	Secondary
F DE	FATHER Edward Holen Grillin	(Signad) M. D.
S	II BIRTHPLACE	(Address) Weedlin we
AUS	OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PA C	of MOTHER Bessie Backo	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
for	13 BIRTHPLACE	ients or Recent Residents) At place In the
in S	OF MOTHER (State or Country)	of deathmosds, Stateyrsmosds.
of or	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted Described at ableration if not at place of death?
sho nt	Colinary Culler	Former or usual residence
ANS steme	(Informant) 618W 136 tts St	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
SEver CIA stat	Filed DEV 3 192 30 Student	20 UNDERTAKER ADDRESS
Z		, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
	at allots Mississ and Junears, mentiles present and leaves	The state of the s

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the tired 6 yrs). For persons who have no occupation work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease ..... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; nephrilis, etc. The contributory



	*
=	
No. 1	0
σå	
٥.	

RITE

HYSI- Exact	PLACE OF DEATH County Harbord	12495	STATE OF MARYLAND CERTIFICATE OF DEATH
Y, P	20 Company of the State of the	128	Registration Dist. No.
ated EXACTI.	Village or City Mean Cheronose  2FULL NAME Thomas Triffe	e.	St: Ward)  (If death occurred In a hospital or institution, give its NAME in atead of street and number.)
stated proper	PERSONAL AND STATISTICAL PARTICULARS	MEDICA	AL CERTIFICATE OF DEATH
be st be pr ck of	3 SEX 4 COLOR OR RACE SINGLE, MARRIED, Married WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH	Oct. 16, 1930 (Month) (Day) (Year)
. ACE should so that it may uctions on ba	6 DATE OF BIRTH  (Month)  (Day)  (Year)	that I last saw have	
pplied. A terms so the instructi	7 AGE    If LESS than   I day hrs.   or min.?	and that death occurred the CAUSE OF DEAT	ed on the date stated above, at 7.245 G. m. H * was as follows:
Se carefully start In plain important. Se	particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  Maruland	Contributory Secondary	(Duration) yrs. / mos. ds.
CAUSE OF DE	11 BIRTHPLACE OF FATHER (State or country)  12 MARINETHOLOGY OF FATHER (State or country)		(Address) Death, or, in deaths from the (1) Means of Injury and (2) Whether
f Informati d state C/ OCCUPATI	12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  MARNOWN		IDENCE (For Hospitals, Institutions, Transidents)  In the State yrs mos ds.
Every item of CIANS should statement of C	(Informant) Mus-Tillian Triffin	if not at place of dead Former or usual residence	9
BEvery CIAN: stater	(Address) alundum of D Filed Ct 18 192 20 Co Muchout Registrar	My. Calvace 20 UNDERTAKER / Lennes la	Cometay Cet 19, 1930
ž	If more banks are needed, address tate Registrar	, I6 W. Saratoga St., B	alto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more province, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, worked on may form part of the second statement. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the Disc EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> Metanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; ..... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; nephritis, etc. The contributory

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Huspith	CERTIFICATE OF DEATH
1 224	Registration Dist. No.
Village or City Fallilat (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Harmah	Sriffetts stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewele While OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH  Sept. 1863.  (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from 12 1930 to Grand 1930, that I hat saw h Malive on Grand 1934,
7 AGE    If LESS than   I day hrs.   I day hrs.   or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
barticular kind of work to the latest to the	
business, or establishment in which employed or (employer)	Contributory Hemiple 16
9 BIRTHPLACE (State or country)	Secondary (Duration) ya fas. 25 ds.
10 NAME OF GED. Cileate	(Signed) (Address) Fallston W.
II BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Joseffine Criffit	TO LUNGTH OF RESIDENCE (For Hospitals, Institutions, Truns
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
(Informant) Mr Isaac 7 Willes	Former or pural residence
(Address) Fallslow med	Friends Chulley med ling 8, 1930
Filed aug 7 1920 N.E. Richardson Registral	Hon luger & Soft. Benson med.
	r, 13 W. Saratogy Et., Bulto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective ci fulness ( l various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise appearance. Womlaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salcsman, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Never return "Laborer," "Forcman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a especially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinul fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphtheria (avoid use of "Cruup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,"

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; causing death), 29 ds.; Bronchopncumonia (secondary), st\_ted unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-"Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-"PUERPERAL septicaemia," "PUERPERAL peritonitis," "Uraemia, " "Weakness," etc., when a definite disease approved by Committee on Nomenclature of the tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably swicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-

V. S. No. 1

PLACE OF DEATH. County Factorial.	O4383 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 18
Village or City the leston (No	St.: Ward)  (If death occurred in a hospital or institu- tion, give its NAME is- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale Whele OR DIVORCED (Write the world)	16 DATE OF DEATH Office 26, 1930  (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)  7 AGE [If LESS tha	17 I HEREBY CERTIFY, That I attended the deceased from Chief 20 1820. to Chief 70 1920, that I last saw has alive on Chief 20 1920,
yrs. 8 mos. 30 de or min.  8 OCCUPATION (a) Trade, profession or particular kind of work	The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER COVER STIFFEELD OF FATHER (State or country) Jacob Co. Jud.	(Signed) (Address)
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country) Harfard Co Will	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Residents)  At place of deathyrsmosds. Stateyrsmosds.  Where was disease contracted,
(Informant) Butter Suffith  (Address) Fallstory Jud	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  FORK Shung Cew Left. 58, 1930
Filed Qh 28 1923 NE Vichardeon Registras  If more banks are needed, address take Registra	Josephys & Gross Buson W.A. ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (a) cupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. g ged in domestic service for wages, as Seruml, Cools, Houseomaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, Civil engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons enarst line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many; occupations a single word or term on that fact may be indicated thus; Farmer (re-Stationary fireman, etc. But in many factory. The material Grocery;

Strtement of Cause of Death—Name, first, the Disease of Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphial fewer (the only definite synonym is "Epidemic eere brose inal meningitis"), Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,"

tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL scplicaemia," "PUERFERAL perilonilis, "Inanition," "Heart failure, Heart failure, "Shock," "Shock," "Old Age," "Shock," "Admite Allege "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "Ethaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st:ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n ture of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from ehildbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uracmia, "" "Weakness," etc., when a definite dizease (secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; or intercurrent) Chronic affection etc. The contributory valvular heart necd disease ; not be etc., of

#### CERTIFICATE OF DEATH UNITED STATES STANDARD

0200

Sir Si Heir

TT OC

36 D

000

...

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Never return "Laborer," "Foreman." "Manager," "Dealadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, expation is very important, so that the relative healthwhatever, write None. tired to yrs.). business, that fact may be indicated thus: Farmer fre or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At rehool or At home. Care should be taken definite salary), may be entered as Housevoife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerworked on may form par; of the second statement (a) Foreman. (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer tion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of oc For many occupations a single word or specially in industrial employments, it is neces or Ai Home, without more precise specification as Day For persons who have no occupation If the occupation has been changed and children, not gainfully em--Coal mine, etc. Wom-The ques term on

Lobar pneumonia, Bronchopneumonia ("Pneumonia," Typhoid fever (never report "Typhoid pneumenia"): spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebiosphal to time and causation), using always the same EASE CAUSING DEATH (the primary affection with respect fever (the only definite synonym is "Ppidemic cerebro Statement of Cause of Death-Name, first, the "pisaccept-

> quences and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF can be ascertained as the cause. Always qualify all rhage." "Inanition." "Marasmus," "Old Age," "Shock," conditions. ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" inges, peritonacum, etc., Carcinoma, Sarcona, etc., of ment of cause of death approved by Committee on head of "contributory." ture of the injury, as fracture of skull, and conseas probably such, if impossible to determine definitely "Puerperal septicaemia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as "Dropsy," "Exhausticn," "Heart failure," symptomatic), "Atrophy," "Collapse," Chronic interstilial aephritis, etc. Examples: State cause "Uraemia," "Weakness," etc., when a definite disease vulsions," (secondary or intercurrent) Whooping inqualified, is indefinite) Nomenclature of the American Medical Association.) Poisoned by carbolic acidtrain-accident: Revolver .. (name origin; "Cancer" is less definite; avoid FOR VICLENT DEATHS State MEANS OF INJURY (e. g., sepsis, tetanus) may be stated under the cough; Chronic valvular heart discuse; "Debility" ("Congenital," "Senile," etc.), such as "Asthenia," Accidental drowning; for which surgical operation was underfor malignant neoplasms); Meastes; ; Tuberculosis of lungs, men-(Recommendations on state-Example: Meastes -probably suicide. wound of head-homicide; affection need not be "Anaemia" Struck by railway The contributory "Coma," "Haemor-(second-(disease (merely

чисе.

tions answered in

If this certificate is looked over thoroughly and all ques-

All the data is essential and must be obtained before

detail, it will prevent further correspond-

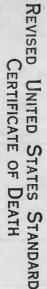
the certificate is permanently filed.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

	(If death occurred in a hospital or institu- tion, give its NAME is- stead of street and number.)
MEDICAL CERTIFICATE OF	DEATH
16 DATE OF DEATH Nov 29	1 , 1930
(Month)	(Day) (Year)
17 I HEREBY CERTIFY, That I atten	ded the deceased from
	, 192,
that I last saw halive on	, 192,
and that death occurred on the date stated at The CAUSE OF DEATH * was so follows the Received at the Received	20 ^
Contributory Suches (Duration)  Contributory Suches (Duration)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)	Jule mos de.
*State the Disease Causing Death, of Violent Causes, atate (1) Means of Injuraccidental, Suicidal or Homicidal.	or, In deaths from ry and (2) Whether
18 LENGTH OF RESIDENCE (For Hospital	s, Institutions, Trans-
At place In the	ds.

DATE OF BURIAL



(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Civil engineer, business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to know (a) the kind of work and also (b) the For many occupations a single word or term on Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol approved by Committee on (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; affection need etc. The contributory Nomenclature of the not be

d state OAUSE OF OCCUPATION is

CIANS should statement of

B	2	HYSI- Exact
	PECORD	supplied ACE should be state EXACTLY, PHYSI- terms so that it may be properly classified. Exact See instructions on back of certificato.
NG	NKTHIS IS A H KANENT PECORD	hould be state t may be prop on back of cer
SINDI	IS A F	ACE s that i
ED FOR BINDING	-THIS	ms so instruc
Q	-X	sur ter See

1	PLACE	OF	DEATH
	LLACL	OI	DEMILI

County Harford

2497	STATE	OF M	ARY	LAND
	CERTIFIC	CATE	OF	DEATH

MEDICAL CERTIFICATE OF DEATH

Registration Dist. No.

St.:.... Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and aumber.)

ADDRESS

Jarrettsville

#### William B. Gross

	PERSO	NAL AND STATISTICAL PARTICULARS	
3 S	ex ale	White Single, Warried, Widow or Divorced (Write the word)	væd
6 D	ATE OF B	RTH	
AG	E	If LESS to day	han hrs.
(a	CUPATIO ) Trade, particular ki	N ofession or hetired farmer	
bı	isiness, or	nature of industry establishment in yed or (employer)	• • • • •
BI	RTHPLAC (State of	reuntry) Harford Co Md.	
	10 NAME FATH	OF	
ENTS	11 BIRTI OF FA (Stat		
PARI	12 MAID	EN NAME OTHER Keziah Brilev	
		PLACE OTHER te or country) Harford Co. Md.	
14 T	(Informan	t) 1 lmer Gross  Monkton Md	
ă F	iled Oct	21 100 Thomas P Grow Registrar	221

16 DATE OF DEATH	6.4	9.1	
	901	20 (Day)	, 1930
17 I HEREBY CERTIFY			
Oct 20 192			
that I last saw home salive	on . O. H. 2	. D	1930
and that death occurred on th	e date state	d above, at	1.P.
The CAUSE OF DEATH & was			
		,	7
Frueture of sk	all car	ising to	urraero
Memorting, Q	aused	long sa	De long
hemortege. Co	me In		0
1	7	•	
	Duration)	yrs	100s S. Lux
Contributory	2.0	54. 5-1-681	
Secondary	4.11.10		
	(Duration)	yrs	moe
(Signed) M. F. Broth	deed		М.
O.A. 21 1982. (Addre	-		
U.O 1982. (Address	38) granvice	usuu.e.	the from
*State the Disease Ca Violent Causes, state (1) I Accidental, Suicidal or Hor	deans of In	ury: and (2)	whether
	THE RESIDENCE OF THE PARTY OF T	THE RESERVE TO SHARE THE PARTY OF THE PARTY	4.0
8 LENGTH OF RESIDENCE	(For Host	itals, Institu	tions, Tran
ients, or Recent Residents)	In the	_	
At place of death yrs mos da	. Stat	e,yrs	mos
Where was disease contracted, f not at place of death?	********************		
Former or usual residence			
9 PLACE OF BURIAL OR R	EMOVAL	DATE OF	BURIAL
Bethel Cem.		Oat o	0 7
-erner cem.		Oct 2	S , 15. D

\* more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

E.G. Kurtz & Son

(Approved by U. S. Census and American Public Health Association.)

sployed, as At school or At home. Care should be taken whatever, write None. fired 6 yrs.). For persons who have no occupation it business, that fact may be indicated thus: Furmer (vestate occupation at beginning of illness. If retired from or given up on account of the disease causing death Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrrant, Cook, to report specifically the occupations of persons endefinite salary). may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm luborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foremau," "Manager," "Dealworked on may form part of the second statement additional line is provided for the latter statement; it Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman. (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation Precise statement of ocetc., or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day But in many

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"). Lobar pneumonia, Bronchopneumonia ("Pneumonia").

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before

certificate is permanently filed

Nonconclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (c. g., sepsis, tetunus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-aecident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or "Puerperal septicuemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as rhage," "Inanition," "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal If this certificate is looked over thoroughly and all ques-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease "Dropsy," "Exhaustlon," "Heart failure." "Haemorvulsions," stated unless important. causing death), 29 ds.; Bronchopneumonia use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Chronic interstitial nephritis, etc. The contributory ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; For "Debility" ("Congenital," "Schile," etc.), VIOLENT DEATHS State MICANS OF INJURY Chronic valvular heart disease; (Recommendations on state-Example: Measles (disease "Апастіа" The na-Measles; (second-(merely

very

should of

Every item CIANS sho statement

1PLACE	OF DI
County 1	lary
Village or City	fo
2FUL	L NAM
PERSON	AL AN
3 SEX	4 COLO
J.	h
8 DATE OF BIR	тн
	************
7 AGE	
	69
8 OCCUPATION (a) Trade, proparticular kind	ofession
(b) General na business, or es which employe	ture of
9 BIRTHPLACE (State or cou	

PLACE OF DEAT	Н
County Naryou	(W)

10472

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

mal

	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	MEDICAL CERTIFICATE OF DEATH
1	16 DATE OF DEATH & 4. 2 , 1:30
=	17 I HEREBY CERTIFY, That I attended the deceased from
1	Sufs 1 1980. 10 64 2 192).
-	that I last saw h a alive on Supplement 1920,
n 3.	and that denth occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
5	acute Endocarditis.
	(Duration) yrs. mos 2 ds.
	Contributory Secondary
-	(Signed) Clark M. D.
_	Geft 3 192 (Address) Kungsville he
	*State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
_	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	At place of deathyrsmosds. In the Stateyrsmosds.
-	Where was disease contracted, if not at place of dea.h?
0	Former or usual residence
1	18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
-	20 UNDERTAKER ADDRESS
	Itoward Knclomas about godin

D STATISTICAL PARTICULARS 5 SINGLE. OR OR RACE MARRIED. WIDOWED. OR DIVORCED (Write the word) (Day) If LESS tha I day hr industry ent in nployer) 10 NAME OF 11 BIRTHPLACE OF FATHER PARENT (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST D. WITT

GT. Helend are

If more blanks are needed, addre s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

#### CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (o) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servont, Cook, work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, laborer, Form laborer, Loborerer," etc., without more precise specification as Doy Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation - Precise statement of ocwhatever, write None. business. that fact may be indicated thus; Former or given up on account of the DISEASE CAUSING DEATH, Housemaid, ctr. If the occupation has been changed to report specifically the occupations of ployed. as At school, or Never return "Laborer." "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, (b) Automobile factory. The material For many occupations a single word or term on Wis . (b) Cotton mill; For persons who are engaged in the duties of the Architect, At home. Care should be taken Salesman. -Coal mine, etc. Wom-Locomolive engineer, 6) persons en-Grocery;

spinal meningitis"; Linhlheria avoid use of "Croup" ed term for the same disease. Examples: Cerebrospin Typhoid forer (never report "Typhoid Pneumonia") to time and causation), using always the same accept EASE CHUSING DEATH the primary affection with respect Statement of Cause of Death-Name, first, the DIS (the only definite synonym is "Epidemic cerebra proumana, Branchopneumonia ns who have no occupation

Death—Name, first, the Disprimary affection with respect sing always the same acceptains. Examples: Cerebrosmin. ("Pneumonia,"

data

essential and must be obtained before the certificate is

If this certificate is looked over thoroughly and a mayored in detail, it will prevent further correspondence. stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; retunus) may be stated under the head of "contributory." curbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by roilwoy trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonilis," diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary Whooping ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, pcritonacum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condicertificate is looked over thoroughly and all questions interstitial nephritis, or intercurrent) affection need not be cough; Chronic valvulor heart disease; etc. The Nomenclature of the contributory etc., of

X		PHYSI-
MARGIN RESERVED FOR EXADING	WRITE ATT, WITH UNFADING INK-THIS IS A PERMANENT CORD	N. BEvery Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
7 77 77	7	m
	- 1	Z

S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
I factor of	CERTIFICATE OF DEATH
County The County	162
7/. 1/	Registration Dist. No. 182
Village or City possistellino.	St.: Ward) (If death occurred in a hospital or institu-
() 2/	tion, give its NAME is stend of street and
2FULL NAME COMME STUBE	( Jewn number.)
	WED IS A STATE OF THE STATE OF
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
Emula Wult OR DIVORCED Mark	(Month) / (Day)/930(Year)
	17 I HEREBY CERTIFY, That I attended the deceased from
B DATE OF BIRTH	7-Seff 2 1901. 10 2000 7 , 1980,
(Nonth) (Day) (Year)	that I last saw h Malive on NOT 7 , 1920,
Jul Ecc.)	and that death occurred on the date stated above, at 5 4 m.
7 AGE II LESS than I day	The CAUSE OF DEATH * was as follows:
or min.?	$\rho f \Lambda$
B OCCUPATION 7	Laryngial Interculosis
(a) Trade, profession or Housewife	
(b) General nature of industry	1
business, or establishment in which employed or (employer)	(Duration) yrs. mosds.
9 BIRTHPLACE	Contributory Secondary
(State or country) Harfm & O Md	(Duration) mos ds.
1 10 NAME OF	Experient ANILA. SILL WA
FATHER Clarkes Secto	(Signed)
II BIRTHPLACE	198 (Address) Authorities from
OF FATHER CALL . IN // / / / / / / / / / / / / / / / / /	*State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF 12 MAILEN NAME	Accidental, Suicidal or Homicidal.
a of MOTHER China Bothia Corning	ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place in the
(State or Country) GORR (9	Where was disease contracted,
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dea h?
mystly yell Sister	Former or would residence Darford & Ma
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Sterratislom (a	morrerelle mal nov/0.1830
15 11 - 01 21 1 00	20 UNDERTAKER ADDRESS
Filed M. M. 1920 Manual X. 1 Drawn Registra	Al Defet Same Groe Pol
	r, 16 W. Saratoga St., Balto., Lequesting V. S. Ivo. 1.
If more blanks are needed, address trace negistral	, 20

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coul mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write None. tircd 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material single word or term on (b) Grocery,

Stratement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia");

> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar, or intercurrent) affection need not be ..... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underapproved by Committee on Nomenclature of the Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions," peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condivalvular heart disease; etc. The contributory

B.--Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD ANENT MARGIN RESERVED FOR BINDING WITH UNFADING INK---THIS IS A P WRITE H V. S. No. 1 ż

PLACE OF DEATH	STATE OF MARYLAND
County Hurton	6564 CERTIFICATE OF DEATH
	Registration Dist. No. 184
Village or City Nublus (No.	St.: Ward) (If death occurred in a hospital or institu
2 FULL NAME David Joseph .	Haines trinstitution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h wy alive on the last saw h wy
7 AGE   If LESS that   I day hree   I day hr	S. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	The sandring Chartes
which employed or (employer)	Contributory Secondary
10 NAME OF David Hamis	(Signed) (Address) Salley by
OF FATHER  (State or country)  12 MAIDEN NAME  OF FATHER  (State or country)  12 MAIDEN NAME  OF FATHER  (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Molly Harris 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place In the
OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds  Where was disease contracted, if not at place of death?
(Informant) Molly Haines	Former or usual residence
(Address) Swit MA	Josana Md / 120, 1936
Filed Jan 16-1930 M. Oly Kink Registra	20 UNDERTAKER Haily Darlugby
If more blanks are needed, address State Registra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

and the many of the sails.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Solesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The mixerial should be used only when needed. As examples: (a) additional line is provided for the latter statement; if sary to know (a) the kind of work and also (b) the or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return 'Laborer,'" Foreman," "Manager," "Dealcases, especially in industrial employments, it is necesthe first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engineer. Physician, Statement of Occupation-Precise statement of oc-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, For persons who have no occupation Stationary fireman, etc. But in many Architect, Locomoline engineer

Statement of Cause of Death—Name, first, the DIS-PASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilleria (avoid use of "Croup"); Suphoid fever (never report "Typhoid Pneumonia"); Suphar pneumonia, Bronchopneumonia ("Pneumonia,");

> as fracture of skull, and consequences (e. g., sepses, tetanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Powned by State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcona, etc. of . . . . . (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, Chronic interstitial nephritis, approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway train Whooping American Medical Association.) (Recommendations on statement of cause of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary resulting from childbirth or miscarriage as cough; Chronic affection etc. valurdar The contributory heart disease; need not death

	PLACE OF DEATH	04384 STATE OF MARYLAND
	County St arford	CERTIFICATE OF DEATH
1	19.01.	Registration Dist. No. 184
	2FULL NAME Elizabeth M	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Remale A COLOR OR RACE SINGLE, MARRIED. WIDOWED. WIDOWED. (Write the word)	16 DATE OF DEATH  Specific Topics  (Month) (Day) (Year)
	6 DATE OF BIRTH  Aug. 25, 1916  (West)  (Year)	I HEREBY CERTIFY, That I attended the deceased from
	7 AGE    If LESS than   day hrs.   or min.?	and that death occurred on the date stated above, at
1000	8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	
	business, or establishment in which employed or (employer)	(Durstion)
	9 BIRTHPLACE (State or country)	Contributory Maldelan Secondary
	10 NAME OF FATHER Fulton Haines	(Signed) — (Durstion) — yrs — mos — ds.  (Signed) — M. D.  4 — 17 1927 (Address) A Carl english M.
	OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	OF MOTHER COLVA WAY  13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.
	(Information) Hulton Hainer	Where was disease contracted, if not at place of dea.h?
	(Address) Darlington may	19 PLACE OF BURIAL OR REMOVAL DOTE OF BURIAL Willy M. Com april 18, 1930
	Filed Of ul 171930 Th W Rill-Registrar	A Bailey Harlington
	If more blanks are needed, addre.s State Registrar,	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

md!

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken whatever, write None. " etc., without more pressored mine, etc. Womborer, Farm laborer, Laborer—Coal mine, etc. Womborer, farm laborer, the duties of the For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease atic), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, (name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory

No.

M

PHYSI-

PLACE OF DEATH County Harford	0505	STATE OF I	
De a	(122-E)	Registration	Dist. No./81
Village or City MINULL (No.		St:Ward	
2FULL NAME Amelia Ha	II.		tion, give its NAME is stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDIC	CAL CERTIFICATE O	OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Married WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH	(Month)	(Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year	Hau 2	Y CERTIFY, That I att	
7 AGE   If LESS th   day h or mir	and that death occurs. The CAUSE OF DEA	rred on the date stated	111-11
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	arch	Sess(Duration)	
9 BIRTHPLACE (State or country) Vivanica	Contributory Secondary	(Duration)	visds,
10 NAME OF FATHER Underson	(Signed)	Dely	M. D.
OF FATHER  (State or country)  12 Maiden Name		(Address)	or, in deaths from jury and (2) Whether
of Mother Anderson	18 LINGTH OF RE		tals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrs		eyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		tracted, .h?	**************************************
(Informant) M. Joseph Hall	Former or usual residence	L OR REMOVAL	DATE OF BURIAL
(Address) Assertance May	- Krim M.E	Cemtery	Jan 12, 1939
Filed 19230 Collector Registral	20 UNDERTAKER	To see hand	Address Me

If more b.anks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.



(Approved by U. S. Census and American Fublic Health Association.)

Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthadditional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to e ch and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a nner, (b) Cotton mill; (a) Salesman, (b) Grocery. Foreman, (b) Automobile factory. The materia For many occupations a single word or term on For persons who have no occupation Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,")

6

st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, FOR VIOLENT DEATHS State MEANS OF INJULY cough; Chronic etc. The contributory valvular heart disease; Nomenclature of the

V S No. 1

N. B.

PLACE OF DEATH	STATE OF MARYLAND
County Harford	13848 CERTIFICATE OF DEATH
County	Registration Dist. No. 184
Village or City (No	St.: Ward)  St.: Ward)  (If death occurred in a hospital or institution, give its NAME 1-stead of street and number.)
2FULL NAME JUNES JA TU	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 GOLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from 30 1985, to 30 , 1925,
· (Month) (Day) (Year)	that I last saw ham alive on one 30 , 1927,
7 AGE   If LESS than   I day	and that death occurred on the date stated above, at
mos. de or min.?	Haemmaryage
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary
(State or country)  10 NAME OF FATHER	(Signed) Charles (HE) garriero M. D.
11 BIRTHPLAGE	Sole 1 1980 (Address) Strate 03. Mag
OF FATHER: (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Caroline mayan	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dea.h?
(Informant) what was	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL POLICE SUND , 1936
15 Filed Dec 2 m19230 Jt. J. D. Mc Mall	John & nowis Della Pa
If more banks are needed, addre.s tate Kegistra	r, 16 V. Saratoga St., Balto., Lequesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The queser," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-For many occupations a For persons who have no occupation single word or term on

Statement of Cause of Death—Name, first, the bis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrosphula fever (the only definite synonym is "Epidemia cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia");

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar) or intercurrent) affection need not be stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS state MEANS OF INJULY Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of death

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH stated EXACTLY, P properly classified. Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME in -stend of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SSINGLE. COLOR OR RACE 16 DATE OF DEATH 3 SEX MARRIED be WIDOWED may be n back OR DIVORCED Write the word) (Month) (Day) (Year) I HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH 18 19730 to lept 25 instructions that that I last saw her alive on left 20 (Year) (Month) (Day) Ö d Ilf LESS than and that death occurred on the dath stated above, at 7 AGE I day hrs. The CAUSE OF DEATH \* was as follows: supplied RESERVED 8 OCCUPATION ter 99 (a) Trade, profession or 20 particular kind of work refully a (b) General nature of industry D business, or establishment in yts......mos..... (Durstion) = mporta which employed or (employer) Contributory a I MARGIN Secondary 9 BIRTHPLACE (State or country) DO (Durstion) ò ш Should SE CF DE 10 NAME OF FATHER 12 1 - 1913 (Address) ... (Ande 07 11 BIRTHPLACE NTS \*State the listase Causing Death, of in deaths from Violent Causes, state (1) Means of Injury and (2) Whether OF FATHER S Z on CAU (State or country) Accidental, Suicidal or Homicidal. ш 12 MAIDEN NAME O: 13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER 1 ients or Recent Residents) 00 0 hould state 13 BIRTHPLACE In the At place OF MOTHER .... mos. of death .....yrs.......mos......ds. (State or Country) Where was disease contracted, CIANS should statement of C it not at place of dea h?... THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Former or usual res.dence ..... (Informant) DATE OF BURIAL 19 PLACE OF BURAL OR REMOVAL (Address ADDRESS 20 UNDERTAKER 100 If more b.anks are needed, addre s : tate Registrar, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

business, that fact may be indicated thus; Farmer (re-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Locomotive engineer,

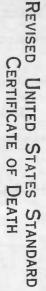
Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise\_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorthage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial dephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, telanus) may be stated under the hear "contributory." "Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., o Never report mere symptoms or terminal condiby Committee on Nomenclature of the

CORD , WITH UNFADING INK--THIS IS A PERMANENT DING MARGIN RESERVED FOR BIL

N. B.-Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact WRITE V. S. No. 1

PLACE OF DEATH	10473 STATE OF MARYLAND	
County Harford	CERTIFICATE OF DEATH	
WITHIN OORFORATE	Registration Dist. No. 185	
Village or City & Lde Grace, (No.	St.: Ward) (If death occurred in a hospital or institu	
2FULL NAME Audrew Ha	tion, give its NAME in stead of street an number.)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEDINANUS OR DIVORCED OR DIVORCED	16 DATE OF DEATH Seft 10th, 1925	
Male polite (Write the word)	(Month) (Day) (Year)	
Month) (Day) (Year)	that I last saw has alive on Sept 10, 1923	
Month) (Day) (Year)  7 AGE (If LESS than		
92 yrs. — mos. 28 ds. or min.?	The CAUSE OF DEATH * was as follows:	
a occupation (a) Trade, profession or	Pulmoney ordema	
particular kind of work (b) General nature of industry	, , , , , , , , , , , , , , , , , , ,	
business, or establishment in which employed or (employer)	(Durstion) yrs. mos d	
9 BIRTHPLACE (State or country) New Jersey	Contributory Secondary  O (Duration)	
TO NAME OF FATHER AUSTRALIA HOLLES	(Signed) M. I	
O II BIRTHPLACE	193 0(Address) Tan a care	
OF FATHER (State or country) New Gersey.  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.	
of MOTHER Mary Allen	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents)	
13 BIRTHPLACE OF MOTHER	At place In the of death yrs mos ds, State yrs mos d	
(State or Country). //ew fersey	Where was disease contracted, if not at place of death?	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence	
(Informant) M.G. J. Cobusous	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
(Address) Hellree Tul.	Tranquility Pene 20 & Sept. 13, 19 31	
15 Filed Sept. 11 1930 Clas J. Foley D.D. Registrar	20-UNDERPAKER. ABDRESS Y	
	r, 16 W. Saratoga St., Balto., Requesting V. S. No. I.	



(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Saruant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at lome, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtion applies to each and every person, irrespective of Foremon, (b) Automobile foctory. The material or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-(b) Cotton mill; (a) Salesman. (h) without more precise specification as Day For persons who have no occupation--Coal mine, etc. Wom-Grocery;

Statement of Cause of Death—Name, first, the pistasse CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphult fever (the only definite synonym is "Epidemic cerebrosphult spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhaid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage," diseases resulting from childbirth or miscarriage as "Puerperal septionemia," "Puerperal peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Meosles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, American Medical Association.) approved by Committee telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: A ccidental drowning; Struck by railway train-Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; or intercurrent) affection need not be ss important. Example: Measles (disease Chronic valvulor heart disease; on Nomenclature of the etc. The contributory Always qualify all

V. S. No. 1

se instructions on back of certificate

statement of OCCUPATION is very import

PLACE OF DEATH

Frederick H

12498

#### STATE OF MARYLAND CERTIFICATE OF DEATH

75-0

Registration Dist. No. 182

Village	or	City Casvary (No.

St.: Ward)

(If death occurred in a hospitel or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mase White Single, Married, Marker Or Divorced (Write the word)	16 DATE OF DEATH OCT 96 , 1980
Aug // , 1858	that I last saw h Malive on 25, 1927
7 AGE   If LESS than   I day hre.	and that death occurred on the data stated above, at 12 31 A.m. The CAUSE OF DEATH * was as follows:
yrsds. ormin.?  B OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	Pegga (Duration) yrs 3 mos de
which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER FOR J BHANSON	Contributory Selection Selection M. Durstion M. D. D. D. M. D. D. D. M. D. D. D. M. D.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER ANNO 1/2 a Green Jand 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death where was disease contracted, if not at place of death?
(Informant) Eliza Ellen P. Hanson  (Address) Chercher Md	Former or usual residence
15 Filed Oct 28 1980 Viguia Chambers Registrar	20 UNGERTAKER ADDRESS  ALCUMANTE ALCUMANTE

If mere bianks are needed, address State Registrar, 16 W. Saratoga St., Baite., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation Spinner, (b) Collon mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a whatever, write None. report specifically the occupations of persons en-Foreman, For many occupations a or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Wom-(b) Automobile factory. The material single word or term on 6 Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease ..... (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL seplicacmia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; American Medical Association.) approved by Committee on Nomenclature Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic etc. The contributory valvular heart disease;

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact ECORD LY, WITH UNFADING INK--THIS IS A PERMANENT DING MARGIN RESERVED FOR WRITE

V. 3 No. 1

1		PLACE OF DEATH	07168 STATE OF MARYLAND
tificate.		County Harbord	CERTIFICATE OF DEATH
			Registration Dist. No. 18
	37:	Mage or City Ceberdeen (No. 105 /	
	VI	2FULL NAME Sara Elizabeth	(If death occurred in a hospital or institution, give its NAME instead of a street and number.)
cer		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
back of	3:	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 30, 1920  (Month) (Day) (Year)
s on k	6 1	DATE OF BIRTH Jaw. 7, 1865	17 I HEREBY CERTIFY, That I attended the deceased from 1927. to 30, 1920
tior	_	(Month) (Ďay) (Year)	that I last saw h Malive on 30, 19250,
on.	7 /	If LESS than	and that death occurred on the date stated above, at
18		65 yrs. 6 mos. 23 ds. or min.?	The CAUSE OF DEATH * was as follows:
9	B	OCCUPATION	(127 - ingal Fire Dall Blodder
S C	(a) Trade, profession or Seamstass		metastasis messentery & Jung
1:	(b) General nature of industry		(Peght)
3	which employed or (employer) Not employed		(Duration)yrsmosds.
cdw	9 8	SIRTHPLACE (State or country)	Contributory Catholica Secondary
>	-	10 NAME OF OVA	(Duration)ds,
A S		FATHER Cliss. (Ciadou	(Signed) M. D.
09	S	11 BIRTHPLACE OF FATHER	(Address)
2	ENJ	(State or country)  12 Maiden Name Ma	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
7	PA	OF MOTHER Mary Newson.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
5		13 BIRTHPLACE	ients or Recent Residents) At place In the
5		OF MOTHER (State or Country) Chuisylvania	of deathyrsmosds. Stateyrsmosds.  Where was disease contracted,
diement of	14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
		(Informant) Mary Harkins Pyle	Former or usual residence
	ene	(Address) (Aberdeen Ond)	Lenter Cemetery July 2, 19-30
N	15	Filedrily Z 1930 Alechor	20 UNDERTAKER ADDRESS
		Registrate	14 Jacking & sous uscracea, ms
		lf more blanks are needed, addre.s Ltate Registrar	, 16 W. Saratoga St., Walto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Flanker, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House er," etc., without more precise specification as Day laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Spinner, nature of the business or industry, and therefore an Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement or given up on account of the DISEASE CAUSING DEATH, Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully em-(b) Cotton mill; (a) Salcsman, (b) For persons who have no occupation Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopacumonia ("Pneumonia,"

> "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E.haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (sccondary), st\_ted unless important. Example: Measles (disease ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, (secondary American Medical Association.) approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory Nomenclature of the

PLACE OF DEATH

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more present of the laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. cupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cool, Housemaid, etc. If the occupation has been changed to report ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; specifically the occupations of persons en-Compositor, Architect, who are engaged in the duties of the For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many Locomotive engineer, The ques-

Typhoid fever (never report "Typhoid Pneumonia"); s; inal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accent-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISpneumonia, Bronchopneumonia ("Pneumonia,"

> approved tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases "Uraemia," "Weakness," etc., when a definite disease "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L stated unless important Whooping use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencan be ascertained as the cause. (secondary or intercurrent) affection need not be "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, resulting from childbirth or miscarriage by cough; " "Marasmus, Committee on Chronic valvular heart Example: Measles (disease " "Old Age, " "Shock," chopneumonia (secondary) etc. Nomenclature The contributory Always qualify all Measles; discase;

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD LY, WITH UNFADING INK-THIS IS A PERMANENT DING MARGIN RESERVED FOR WRITE

V. S. No. 1

N. B.-

1 DI ACE OF DEATH

Comme Harnel	CERTIFICATE OF DEATH
County.	Registration Dist. No. 180
Village or City Jo Hong (No. 2 City Laulius)	St: Ward)  Addition, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Was 4 , 19230 (Month) (Day) (Year)
Seus 5, 1875	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h Walive on MUN , 192
7 AGE  S OCCUPATION  If LESS than 1 day hrs. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Museure	Vivia mauntroge
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs, mos ds
9 BIRTHPLACE (State or country) Thomas of	Contributory Secondary  Junation  Tree mos. de
FATHER Richard Stolys	(Signed) M. D. M.
OF FATHER  (State or country)  12 MAIDEN NAME  OF FATHER  (State or country)	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Meana of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER MUNICIPAL STRUKE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Address) Juffe Will	rinty Luthern Cemetery Mar. 7 , 1930
Filed march 8 1980 Fred Moulok Registrar	20 UNDERTAKER HOWARD K.McComas, Abingdon, Md.
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Forcman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely taken. For violent deaths state means of injury State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; American Medical Association.) Never report mere symptoms or terminal condi-'Congenital," "Senile," etc.), "Dropsy,
" "Heart failure," "Haemorrhage, Chronic valvular heart disease; etc. The contributory

V. S. No. 1

N. B.

PLACE OF DEATH	STATE OF MARYLAND
County Harbord	CERTIFICATE OF DEATH
	Registration Dist. No. 185
Village or City Have de (Notrace	St.; Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and
2FULL NAME TOURING A THE	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Tancele White (Write the word)	16 DATE OF DEATH July 22 , 1936  (Month) (Day) (Year)
6 DATE OF BIRTH 440 /3 . 1862	I HEREBY CERTIFY, That attended the deceased from
(Month) (Day) (Year)	and that death occurred on the dat stated above, at 12 m.
68 yrs. 6 mos. 9 ds. or min.	
(a) Trade, profession or particular kind of work  (b) General nature of industry	Dropsy
business, or establishment in which employed or (employer)	Contributory Contr
(State or country) Maruland	Secondary  Diffation yrs
10 NAME OF FATHER Buchard Brown	(Syrned) M. D. M.
OF FATHER Z (State or country)  12 MAIDEN NAME  T 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER January Suchharan	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place In the
OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	where was disease contracted, if not at place of death?
(Informant) Mis. Herbert Orown	Former or usual residence
(Address) Have de Trace me	Union M. E. Cenaly July 25, 1020
Filed July 2 4 1920 Charles & Toley, M. D. Registrar	Henry Tarring Song Cherden
If more blanks are needed, address State Registra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional, line is provided for the latter statement; it mature of the business or industry, and therefore an fulness of various pursuits can be known. The quessary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (rcstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Housemaid, etc. If the occupation has been changed Foreman, (b) For many occupations a single word or term on or At Home, and children, not gainfully emyr8). Farm laborer, Laborer-(b) Cotton mill; (a) Solesman. (b) without more precise specification as Day For persons who have no occupation Automobile factory. The material -Coal mine, etc. Grocery

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e.g., sepsis letanus) may be stated under the head of "contributory." inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid American Medical Association.) "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicacmia," "PUERPERAL peritonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Exhaustion," Chronic interstitial nephritis, (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; "Heart failure," "Haemorrhage, Chronic etc. valvular heart disease; The contributory

1	-ISAHO
1	10 ×
ORD	KACTI
CC	Total S
	CORD

oper / classified. Exact certificate. PLACE OF DEATH Registration Dist. No. <sup>2</sup>FULL NAME prope PERSONAL AND STATISTICAL PARTICUL MEDICAL CERTIFICATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. be WIDOWED. back OR DIVORCED may (Write the word) 6 DATE OF BIRTH instructions that (Month) (Day) (Year) If LESS than 7 AGE I day hrs. The CAUSE OF DEATH \* was as follows: terms min.? 8 OCCUPATION 00 (a) Trade, profession or C 00 particular kind of work plai (b) General nature of industry important. business, or establishment in \_\_ which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) OG 10 NAME OF FATHER (Address) 11 BIRTHPLACE O LU COZ OF FATHER EZ (State or country) Ш 12 MAIDEN NAME œ OF MOTHER ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death ... (State or country) 0 D Where was dissase contracted, of if not at place of dea.h? shoul Every Item CIANS sho statement Item Former or usual residence. (Informant) (Address 20 UNDER

STATE OF MARYLAND CERTIFICATE OF DEATH

Ward)	(If death a hospital tion, give i	or ins	titu
	stead of number.)	street	and

(Month) .....(Day) I HEREBY CERTIFY, That I attended the deceased from and that death occurred on the date stated above, at ... \*State the Disease Causing Death, er, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-BURIAL 193.0

If more branks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., whatever, write Nonc. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as *Housewife*, *House*should be used only when needed. As examples: (a) laborer, Farm Laborer, Laborer the duties of the en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesworked on may form part of the second statement. the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The ques-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on without more precise specification as Day (b) Automobile factory. The (b) material Grocery;

Strucment of Cause of Weath—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosqinal meningitis"); Dishtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of tho injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease stated unless important. causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc., Carcinoma, Sarcoma, etc., of ....... (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) Whooping cough; Chronic Examplo: Measles (disease etc. The contributory affection need valvular heart Nomenclature of the not be disease;

V S No. 1

1PLACE OF DEATH	01729 STATE OF MARYLAND CERTIFICATE OF DEATH
Den of	90 Registration Dist. No. /84
Village or City Falesrell (No	St.: Ward)  St.: Ward)  (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH  (Month)  (Day)  (Year)	17 1 HEREBY CERTIFY, That I attended the deceased from 180 to Pela-15, 180 that I last saw ha alive on Fela-15, 180
7 AGE   If LESS than I dayhrs. ormin.?	. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Orfano Jean alan
(b) General nature of indústry business, or establishment in which employed or (employer)	(Durstion)yrs,
9 BIRTHPLACE (State or country)	Secondary (Durstion) yrs mos ds
10 NAME OF FATHER Johne Joannon	(Signed) 5/ 41/8 (Address) 6 194 /3 07 d
OF FATHER Z (State of country)	*State the l'iscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAILEN NAME OF MOTHER  13 BIRTHPLACE  13 BIRTHPLACE	13 LINGTH OF RISIDENCE (For Hospitals, Institutions, Truncients or Recent Residents)
OF MOTHER (State or Country)	At place of deathmosds. In the Stateyrsds  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dca h?
(Informant) Fohry Jarry  (Address) Pales rell Mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Collowship Removal DATE OF BURIAL  193.6
Filed Hel 19-1935 JS. J. Mchalle	20 UNDERTAKER Stebb Sand From
If more b.anks are needed, addre.s : tate Kegistra	ar, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.



(Approved by U. S. Census and American Fublic Health Association.)

whatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken to report specifically the occupations of persons enen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesmon, should be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physicism, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionory fireman, etc. But in many Foreman, (b) Automobile foctory. The material For many occupations a single word or term on Farm laborer, Loborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Inphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia,")

approved by Committee on Nomenclature of the American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy," (E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, occident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be st-ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meosles; ..... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. and qualify as accidental, suicidal or homicidal, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railwoy train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol FOR VIOLENT DEATHS state MEANS OF INJU.; Y Chronic etc. The contributory valvular heart disease;

N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, P. CIANS should state CAUSE OF DEATH In plain terms so that it may be properly classified: statement of OCCUPATION is very important. See instructions on back of certificate. CORD ANENT MARGIN RESERVED FOR BLADING , WITH UNFADING INK-THIS IS A PLANANE WRITE F

V. S. No. 1

PLACE OF DEATH County Harland	STATE OF MARYLAND CERTIFICATE OF DEATH	
County County WITHIN CORPOSATE	Registration Dist. No. 185	
Village of City Havede Gracks.	St: Ward) (If death occurred in a hospital or institu-	
2FULL NAME Borlara M. d	laserei and number.)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIBOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH DECLINATION 22 nd 1980  (Month) (Day) (Year)  17 1 HEREBY CERTIFY, That I attended the deceased from	
Marel 12., 1923 (Month) (Day) (Year)	that I last saw halive on, 192,	
7 AGE  7 yrs. 9 mos. 9 ds. lfLESS that l day hrs. or min.	The CAUSE OF DEATH * was as follows:	
a occupation  (a) Trade, profession or particular kind of work	from Fractured & Kerell	
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory automobile accident	
(State or country) Maryland,  10 NAME OF GEORGE P. Claserer,	(Signed) Martin P. Boley Cyroner M. D. Bel 22 1980 (Address) Harr de Grave Mg	
OF FATHER (State or country)  12 MAIDEN NAME  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.	
of MOTHER Marce Denw.  13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)	
OF MOTHER (State or Country) Waryland.	At place of deathmosds. In the Stateyrsmosds. Where was disease contracted,	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?  Former or usual residence.	
(Address) Bultimore, Mid.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Ouls have levely Dec. 24, 1930.	
15 Filed Dec. 22 1920 Cheeles J. Foley M.D. Registrar	Lewinglow of Aldersee 24	
If more bianks are needed, address State Registr	ar, 16 W. Saratoga St. Balto., Requesting V. S. No. 1.	

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery; (c) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (0) sary to know (o) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvont, Cook, Housemuid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, business, that fact may be indicated thus; Farmer (redefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-For many occupations a single word or term on especially in industrial employments, it is neces-Form laborer, Loborer-Coal mine, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopheumonia ("Pneumonia,"

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." carbolic acid probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY State cause can be ascertained as the cause. Always qualify all (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainperitonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condifor which surgical operation was under-Chronic valvular heart discose; nephritis, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in détail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH.  County County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Valmia (No. Han 2 FULL NAME CLORING Han	St.: Ward)  (If death occurred In a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Married  Male  A COLOR OR RACE  MARRIED  MARRIED	16 DATE OF DEATH 76 27 , 1930
6 DATE OF BIRTH  (Month)  (Day)  (Year)	that I last saw have alive on \$4 27 , 1830,
TAGE  Signature  Signa	and that death occurred on the date stated above, at
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Postate hypirhaphy Secondary (Duration) yrs mos ds.
OF FATHER COUNTY)  10 NAME OF FATHER BUNNAND AND AND AND AND AND AND AND AND AN	(Signed) (Signed) (Address) House Hell M. D.  *State the Discase Causing Death, or, in deaths from Violent Causes, stats (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	IB LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
(Informant) But any Manghan  (Address) But any Manghan	Former or usual residence
Filed Feb-27 1920/ Escharden Registrai	20 UNDERTAKER Bailer Navling to h
If more b.anks are needed, addre.s tate Negistra	r, 16 W. Saratoga St., Balto., Koquesting V. S. Ito. 1

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery.

(a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tired 6 yrs). gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective ci whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise. Se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia,"

unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ....... (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease (secondar, or intercurrent) affection need not be stated unless important. Example: Measles (disease State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease, Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condi ," "Convulsions,

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

that it ERV MARGIN USE CAUS

PLACE OF classified properly classificate PERSONAL AND STATISTICAL PARTICULARS 5 SINGE 4 COLOR OR RACE WIDOWED. OR DIVORCED may n ba (Write the word) instructions (Month) (Day) IIf LESS than 7 AGE I day hrs. ter 8 OCCUPATION (a) Trade, profession or particular kind of work G (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER PARENT (State or country) d state 13 BIRTHPLACE OF MOTHER (State or country) of THE BEST OF shoul Every item CIANS sho statement

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward) (If death occurred in a hospital er institution, give its NAME in-stead of street and number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month) I HEREBY CERTIFY, That ( attended the deceased from

and that death occured on the date stated above,

The CAUSE OF DEATH \* was as follows:

the Discaso Causing Death, or, is Violent Causes, state (1) Means of injury and (2) whether Accidental, Suicidal or Homicidal.

a LENGTH OF RESIDENCE (For Hospitals, Institutions, Transiente or Recent Residente) At place In the

of death yrs mos. ds. Where was disease contracted, if not at place of death?.....

Former or ususi residence.

DATE OF BURIAL

State.....yrs.....me,

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Year)

(Approved by U. S. Census and American Public Health Association.)

laborer, tired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return 'Laborer,'" "Foreman," "Manager," "Teal-Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Luborer-Coul mine, etc. Womwithout more precise specification as Day Salesman. (b) Grocery;

Statement of Cause of Death—Name, first, the his-KASE CAUSING DEATH (the primary affection with respectto time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal, fewer (the only definite synchym is "Epidemic cerebrospinal meningitis"); Diphilleria (avoid use of "Croup"); "Typhoid fever (never report "Typhoid Pneumonia"); 1 obar pneumonia, Bronchopneumonia ("Pneumonia,")

> "(Exhaustion," "Heart Ianue, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease tctanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles inges, peritonaeum, etc., Carcinoma, Sarcomu, etc., of unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (c. g., sepsis, carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-.... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Corna," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; or intercurrent) Committee on Chronic etc. affection valendar heart Nomenclature The contributory necd not disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A. I the data is essential and must be obtained before the cartificate in permanently filed.

WITHIN CORPORATE LIMITS OF

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Nanager." "Dealworked on may form part of the second statement. Howsenaid, etc. If the occupation has been changed Foremon, especially in industrial employments, it is neces-For many occupations a Form laborer, Laborerwithout more precise specification as Doy For persons who have no occupation (b) Automobile factory. The material single word or term on -Coal mine, etc. Woln-(3) Grocery,

Statement of Cause of Death—Name, first, the bisease causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospaul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"; Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

approved stated unless important. inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septionemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, curbolic acid-probably suicide. Then ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease (secondar or intercurrent) affection need not be Whooping cough; Chronic volvular heart disease; Chronic interstitial nephritis, etc. The contributory American Medical Association.) Examples: Accidental drowning; Struck by roilway troin-"Atrophy," "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the for malignant neoplasms); Example: Measles (disease etc. The Always qualify all "Haemorrhage, Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

5	Ĭ
2	
	,

PLACE OF DEATH

CERTIFICATE OF DEATH Registration Dist. No. classid (If death occurred in a hospital or institution, give its NAME Ir-stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, MARRIED, 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH WIDOWED OR DIVORCED I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH If LESS than 7 AGE I day hrs. (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF 11 BIRTHPLACE \*State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and OF FATHER ARENT (State or country) Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Residents) 13 BIRTHPLACE At place 5 hours at Harr de so of death wis wis mos de. Where was disease contracted, if not at place of dea.h? ALG. & statement CIAN ADDRESS If more bianks are needed, addre.s State Registrar, 16 W. Saratoga St., Bato., Requesting V. S. No. 1.

STATE OF MARYLAND

deaths from

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an saryt to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Neverreturn "Laborer," "Foreman," "Manager," "Deal-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servent, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Physician, Compositor, Architect, Locomolive engineer, etc., Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the DISTEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospirol fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of death approved by Committee on Nomenclature of the "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Heart failure, Haemorinage, "Shock," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as\_fracture of skull, and consequences (e.g., scpsis, Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease (secondary Whooping cough; ...... (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions," peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condior intercurrent) Chronic valvular heart disease; affection etc. The contributory need not be

If this certificate is looked over thoroughly and all qu stions savered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

5

	1 PLACE	OF DI	EATH			
C	County Harford					
Villa	age or City.	Jarro	ettsvill	7.7		.,
	Full NAME Baby Havens					
	PERSON	,	DSTATISTIC			ARS
7e	.Male		or or race	WIDOW OR DIV	ED	ingle
6 D	ATE OF BIR	TH				
			Dec. (Month)	9 (D	ay),	1930 (Year)
7 AG		0	yr <b>e</b> Q <sub>m</sub>	os	1.	LESS than dayhrs.
(a	CUPATION ) Trade, producticular kind	of work		None	•••••	
bı	) General na usiness, or e hich employe	stablishm		2/-2/-2/-	•••••	
9 BI	(State or o	ountry)	Harford	Co.	Md.	
	10 NAME (		Willis	Have	ns	
ARENTS		HER or countr	ry) Va.			
PAR	12 MAIDEN OF MOT		Carrie	M. G	ore	
	13 BIRTHI OF MOT (State		ry) Va.			
14 T	HE ABOVE	IS TRUI	E TO THE BES	T OF MY	KNOW	LEDGE
		(	Ills Ha		Projetlinijas skalinias garas garagan si	#*************************************
15	1Addre	ss)Je	rrettav	ille,	Md.	***************************************
	iled Osc.	10.	190 Tho	must	P.13.	wn

#### 15063 STATE OF MARYLAND CERTIFICATE OF DEATH

St.:.... Ward)

(1/2)

Registration Dist. No. ...

(If death occurred in a hospital or instituion, give its NAME in-

100 000 0 000 000 000 000 000 000 000 0	stead of street and number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH (Month)	9 (Day) , 1920 (Year)
17 HEREBY CERTIFY, That I a	be 9
and that death occurred on the dete stet	, 192
The CAUSE OF DEATH & wee as follows:  Orphysiation -	Probably
Contributory Secondary	yrsmosQde,
(Signed) (Duration) (Signed) (Address) 7.11  *State the Disease Causing Deat Violent Causes, state (1) Means of It Accidental, Suicidal or Homicidal.	h, or, in deaths from
	spitals, Institutions, Trans-
At place of death yrs mos da, St.  Where was disease contracted, if not at place of death?	he nte,yrsmosda,
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cooptown Cemetary	Dec. 10, 19.30
E.G. Kurtz & Son Jan	rettsville. Md

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school or At home. Care should be taken whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (re or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite sulary), may be entered as Housewife, House household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Mauager," "Dealen at home, who are engaged in the duties of the Icherer, Farm laborer, Laborer-Coal mine, etc. Womworked on suny form part of the (a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Satesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthtion applies to each and every person, irrespective of fulness of various parsuits can be known. The ques-Statement of Occupation-Precise statement of oc engineer, Stationary firemen, etc. But or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation second statement The material in many

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

tions answered in detail, it will prevent further correspondence.

All the data is essential and must be obtained before Nomenciature of the American Medical Association.) ment of head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by curbatic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause "Puerperal septicucmia," "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemor symptomatie), "Atrophy," "Collapse," conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal use of "Tumor" for malignant neoplasms); If this certificate is looked over thoroughly and all quesvulsions." "Debility" ("Congenital," "Senile," etc.), eausing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (secondary or intercurrent) affection need not be Chronic interstitiat nephritis, etc. The contributory Whooping cough; Chronic valvular heart inges, peritonaum, etc., Carcinoma, Sarcoma, etc., of inqualified, is indefinite); Tuberculosis of lungs, men-"Uraemia," "Weakness." etc.; when a definite disease .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY cause of death approved by Committee ou for which surgical operation was under-(Recommendations on state-"Anaemia" Always qualify all "Соша," discase; Measics; (merely (second-(disease "Con-

Z. E. ..

PHYSI-

PLACE OF DEATH County Halor	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 182.
Village or City William (No. 2FULL NAME May Joursa Coe	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME is - stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, MULLING WIDOWED.  OR DIVORCED (Write the word)	16 DATE OF DEATH DEC 7 , 1920  (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1922 to 1920 that I last saw h lalive on DER 3 1920
7 AGE 67 yrs. 2 mos. 23 ds. or min.?	
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 1 yrs, 2 mos ds.
9 BIRTHPLACE (Ntate or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  13 MAIDEN NAME	Contributory Secondary  Duration  Wished  *State the Disease Causing Death, er, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place In the of death yrs
(Address) Sel as Mc	19 BACE OF BURIAL OR REMOVAL  DATE OF BURIAL  OCU., 9, 1934  20 UNDERTAKER  ADDRESS

If more banks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar



(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on yrs). For persons who have no occupation Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the Dis-EASE (\*VUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

3

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

permanently filed.

"telapus) may be stated under the head of "contributory." Recommendations on statement of cause of American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepeis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Examplo: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway train-"Inanition, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-If this certificate is looked over thoroughly and all questions "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY " "Marasmus," "Old Age," "Shock," Chronic valvular heart etc. The contributory disease;

PLACE OF DEATH	10474 STATE OF MARYLAND
County To ford - WITHIN CORPORATE LIMI	CERTIFICATE OF DEATH
	Registration Dist. No. 185
Village or City Have a Lea (No. Heaf	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single.  Single.  MARRIED.  WHOWED.  OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from September 3 - 1930 to September 1930 that I last saw him alive on September 3, 1930
7 AGE   If LESS than   day hrs   day hrs   ds.   dr.   dr.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Power House particular kind of work  (b) General nature of industry business, or establishment in	(Duration) yes mos de
which employed or (employer)  9 BIRTHPLACE (State or country)  Latta, South Carolin	Contributory Secondary (Durstion) yes trios d
11 BIRTHPLACE OF FATHER (State or country)  Z  W  OF FATHER (State or country)	*State the Discase Causing Death, or, in deaths Ardya Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents)  At place of deathyrsmosds.
(State or Country)	Where was disease contracted, if not at place of dea.h?
(Informant) Elect R. Hages  (Address) 275 Evaguen Av.	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  South Carolina Sept 7, 1930
15 Filed Sept 6 1930 Chas. J. Foliy M. L	Howard K Mclamas Abore golon
If more b.anks are needed, addre a Ltate Kegistr	rar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Md

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthdefinite salary), may be entered as Housewife, House-Spinner, nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (1) or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, especially in industrial employments, it is neces-For many occupations a Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation single word or term on

Stretement of Cause of Death—Name, first, the place CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspidal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dioliheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart Innue,
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, peritonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-"Congenital," "Senile," etc.), "Dropsy,"," "Heart failure," "Ilaemorrhage," Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the catalate is essential and must be obtained before the certificate is permanently filed.

6

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. MANENT RECORD Y, WITH UNFADING INK--THIS IS A PER MARGIN RESERVED FOR B ż

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County arford	CERTIFICATE OF DEATH
	Registration Dist. No. 18
Village or Citcherdeen (No. Varad	Ward) (If death occurred in a hospital or institu-
2FULL NAMESarah Fran	elo/tendon stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 27, 19230 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
June 30 1834	//-//- JO 192 . to //- 27-30 , 192 ,
(Month) (Day) (Year)	that I last saw h.M. alive on
7 AGE	and that death occurred on the date stated above, at m.
96 4 27 de l'day hrs.	The CAUSE OF DEATH * was as follows:
yrs, mos. ds. or min.?	Convil Henoryage
(a) Trade, profession or particular kind of work	module program
(b) General nature of industry business, or establishment in	
which employed or (employer) Chool Caches / Muse	Contributory Description (Duration) ves mos de,
9 BIRTHPLACE (State or country) Maryland	Secondary  (Duration)  yrsds,
10 NAME OF TO THE TOTAL OF THE	(Signed) M. D.
Thomas I rendon	11-25 198 & (Address) Panymen Mis
OF FATHER	
C (State or country) Maryland  12 MAIDEN NAME  17 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mornigh lary amanda Hot	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country) / arytand	of deathyrsmos,ds. Stateyrsmesds, Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
Underson Harry Davio vale	Former or usual residence
P. RAGOR HITCHEIDER, Mid.	Hally Juntly Com. Dec. 1, 1930
Filed 11/ 24 19231 Of Make	20-UNDERTAKER MITCHELL Tandibrace
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully emto report specifically the occupations of persons endefinite salary), may be entered as Housewife, House-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Plunter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DRATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Cure should be taken household only (not paid Housekeepers who receive a laborer, Farm laborer, Lawrer on the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. should be used only when needed. As examples: (a) Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthetc., Foreman, (b) Automobile factory. The material especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (3) Grocery,

Statement of Cause of Death—Name, first, the pre-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same adept ed term for the same disease. Examples: Cerebrowning fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never art "Typhoid Pneumonia"); Lobar pneumonia, Browchopneumonia ("Pneumonia,"

> American Medical Association.) Recommendations on statement of cause of approved by Committee on Nomenclature of the carbolic acid-probably suicide. Then ture of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), (secondar, or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"Uruemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi

If this certificate is looked over thoroughly and al questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DE

2

PLACE OF DEATH County County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. / 8/
Village or City Thuchville	St.: Ward)  (If death occurred is a hospital or institution, give its NAME in stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (1930), 1930 (Yesr)  17 I HEREBY CERTIFY, That I attended the decreased from
(Magth) (Day) (Year)	
7 AGE  O yrs. mos. o ds or o min.?	
B OCCUPATION  (a) I rade, profession or particular kind of work	3-1.
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs mos do
9 BIRTHPLACE (State or country Churchille hus	Contributory Secondary  (Durange) / yrs de
10 NAME OF Geo. W. Hendrickson	(Signed) (Signed) (Address) (Abendus)
CState or country)	Victor the Discase Causing Death, or, in deaths from Victor Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Blanch Sheton	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos. ds. State yrs mos do. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) For G. H. Hundrichten (Address) Cherden Ro	19 PLACE OF BURIAL ORREMOVAL In garden at limit Congly, 1936
15 Filed lug 14 19230 Of Mechant Registras	Feether Cherry Rh
If you have an moded address State Periotes	r. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

1

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grovery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: a) additional line is provided for the latter statement: it sary to know Physician, Compositor, Archifect, Locomoline engineer, Civil engineer, Stationary fireman, et. But in many fulness of various pursuits can be known. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, played, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in incustrial employments, it is necesthe first line will be sufficient, e. g. Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health. Statement of Occupation-Precise statement of oc whatever, write None. report specifically the occupations of persons enetc., 6 yrs). For persons who have no occupation For many occupations a single word or term on or At Home, and children, Farm laborer, Laborerwithout more precise specification as Day ia) the kind of work and also (b) the -Coal mine, etc. not gainfully em-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causinon), using always the same accepted term for the same disease. E amples: Carebrospinal fever (the only definite synonym is "Cpidemic cerebrospinal menicipits"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia". Lohor pneumonia Bronchopneumonia ("Pneumonia".

stated unless important. carbolic acid-probably suicide. The nature of theinjury, and qualify as ACCIDENTAL, SUICIDAL, OF HOMICI'AL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as "(fanition," "Heart failure," "Haemorrhage," "(fanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma,, tetanus) may be stated under the head of "contributory as fracture of skull, and consequences (e. g., sej.sis, accident; Revolver wound of head-homicide: Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. "Debility" unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-American Medical Association.) .... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJUNY ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, Chronic Example: Measles (disease affection need not be etc. The contributory valuular heart Nomenclature Always qualify : 11 Meastes; discuse;

If this certificate is looked over thoroughly and all quictions answered in detail, it will prevent further correspondence. .... the data is essential and must be obtained before the cartificate is permanently filed.

	PLACE OF DEATH	00228 ST	ATE OF MARYLAND
	County Hartord	09328 CER	TIFICATE OF DEATH
	12 1 CM.	loi-a	Registration Dist. No. 183
ceruncate	Village or City Movies Charles Cogekies	Herfeit s	Ward) (If death occurred in a hospital or institution, give its PAME in stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CEI	RTIFICATE OF DEATH
	Male White Write the word)  3 SEX  4 COLOR OR RACE  5 SINGLE, MARRIED, MODIO NO PORCED (Write the word)	16 DATE OF DEATH	(Youth) (Day) (Year)
	State of BIRTH  Saucy 317, 1/867  (Month) (Day) (Year)	that I last saw hualive of	1. 1 - sup -
namen.	7 AGE  6 3 yrsmos 3 ds. ormin.?	and that death occurred on t	
. 000	(a) Trade, profession or particular kind of work  (b) General nature of industry	Joba	* Oneumonia
	business, or establishment in which employed or (employer)		(Duration)yrsmos/Ods
iod III	9 BIRTHPLACE (State or country)	Contributory Secondary	(Durstion) yts mos 10 ds
4013	10 NAME OF Richard E. Herbert	(Signed) Valle aug 24, 1980 (Addre	e A awyus M.D
	OF FATHER  (State or country)		ausing Death, or, in deaths from Means of Injury and (2) Whether idal.
	of MOTHER Latte Malmot		For Hospitals, Institutions, Trans
	13 BIRTHPLACE OF MOTHER (State of Country)  Maryland	At place of death	In the State yrs ds
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of deah?	
	(Informant) Just Clark VIII Prove Pr	19 PLACE OF BURIAL OR FE	f. moderate of Burial
	Filed Aug 26 1000 Thomas P. Brown Registral	20 UNDERTAKER	from Store Od
	If more b.anks are needed, addre.s tate Kegistrar	, 18 W. Saratoga St., Balto., I.	equesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write None. For many occupations a single word or term on specifically the occupations of persons en-For persons who have no occupation Architect, Locomolive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

(secondary or intercurrent) affection need not be strated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, "Atrophy." "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact WITH UNFADING INK--THIS IS A PERMANENT WRITE

MARGIN RESERVED FOR BI

V. S. No. 1

	PLACE OF DEATH  County Harfwell, WITHIN CURPORATE	STATE OF MARYLAND CERTIFICATE OF DEATH
ertiticate.	Village or City Helbrace (No	St.: Ward)  St.: Ward)  Glf death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATÉ OF DEATH
n back of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	Med (Month) (Day) (Yea 30)  17 LHEREBY CERTIFY, That I attended the deceased from
ons	May 5- , 1848 (Myhth) (Day) (Year)	that I last saw has alive on Office 1920,
struct	7 AGE  8 / yrs. // mos. / 4 ds. or min.?	and that death occurred on the date stated above, at
t. See in	B OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	Carelysis (Right Stempleger)
importa	which employed or (employer)  BIRTHPLACE (State or country)	Contributory Secondary  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)
is very	10 NAME OF FATHER John M. Hergeworth	(Signed) M. D.  (Signed) M. D.  (Signed) M. D.  (Address) Harch State
0	OF FAMER (State or country)  12 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN NAME  18 MAIDEN NAME  19 MAIDEN NAME  10 MAIDEN NAME  10 MAIDEN NAME  11 MAIDEN NAME  12 MAIDEN NAME  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Wiolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Accura	OF MOTHER May Braw.  13 BIRTHPLACE OF MOTHER (State or Country)  Therefore (State or Country)	18 LENGTH OF RESIDENCE (For ients or Recent Residents)  At place In the of deathyrsmosds.  Where was disease contracted,
ont of	(Informant) New . Heryeweller	if not at place of death?
tatem	(Address) Helslice, zud.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL M. 2219 30.
60	Filed April 22, 1930 Chas. Joley M.D. Registrar	Levering tout out de Gress in
	If more branks are needed, address State Registrar	, 16 W. Saratoga St., Bilto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Plunter, fulness of various pursuits can be known. The queswhatever, write Nonc. tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salcsman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive cugineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation single word or term on (6) Grocery,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease approved by Committee on Nomenclature of the tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HONICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL perdonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Branchopneumonia (secondary), (secondar; or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitud nephrilis, etc. The contributory use of "Tumor" for malignant neoplasms); inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, (name origin; "Cancer" is less definite; avoid Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, addre s Ltate Registrar, 18 W. Saratoga St., Balto., Lequesting V. S. No. 1.

ESERV

MARGIN

(If death occurred la

DATE OF BURIAL

(Approved by U. S. Census and American Public Health Association.)

tion applies to cuch and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocer," etc., Without more production of the laborer, Farm laborer, Laborer—Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Laborer—Laborer — 1 in the Anties of the Never return "Laborer," "Foreman," "Manager," "Dealtired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servan, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. business, that fact may be indicated thus; Farmer rewhatever, write None. Foreman, For many occupations a single word or term on especially in industrial employments, it is necesor At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material person, irrespective of Locomotive engineer, But in many Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Fneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,"

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopmcumonia (secondary), st\_ted unless important. (secondary or intercurrent) affection need not be st-ted unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all accident; Revolver wound of head-homicide; Poisoned by taken. For violent deaths state means of injuly approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-American Medical Association.) etanus) may be stated under the head of "contributory." Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; Chronicetc. valvular heart disease; The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH  County Harford	STATE OF MARYLAND  500 CERTIFICATE OF DEATH  Registration Dist. No. 185
2FULL NAME Living Hol	St.: Ward) (If death occurred In a hospital or institu- tion, give its NAME Is- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale Polored (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from 1980 to for 1980, 1980,
(Month) (Day) (Year)	that I last saw her alive on Ste. 30 th, 1920,
7 AGE    Tage	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	saute Carpiar stelation
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER Charles Dors.	(Signed James 18 Bay M. D.  M.
OF FATHER (State or country)  12 MAIDEN NAME O	*State the Disease Causing Death, et, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER SUSCEPTION OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or country) Nearyland	At place of death yrs ds. ds. State yrs ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was dissee contracted, if not at place of dea.h?
(Informant Misela Worfula	Former or usual residence
(Address) Haveleroce, m.A.	ashursewetery Jan. 5,7930
Filed Jaw 4, 1930 has, J Joley An	Lecunglouffor Holderserud
If more blanks are needed, address State Registra	r, 16 W. Saratoga St. Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs. state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH, definite salary, may be entered as Housewife, Houselaborer, Farm concret, southern court mentions of the en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of whatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Howsemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil sugineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, Farm loborer, Laborer-(b) Cotton mill; (a) Salesman. (b) without more precise specification as Day For persons who have no occupation -Coal minc, etc. Womnot gainfully em-

Streement of Cause of Death—Name, first, the Dis-EA: CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrostinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atia), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valuation heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measlos; inges, peritonacum, etc., Carcinona, Sarcona, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., scpsis, Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of Never report mere symptoms or terminal condi-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	03028 STATE OF MARYLAND CERTIFICATE OF DEATH
County Tarford	Registration Dist. No. 181
Village or City aberdien, (No	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Jinnie Mora	Holloway stead of street and number.)
PERSONAL AND STATISTICAL PARTICULAR	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Marie WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH  april 28 1	17 I HEREBY CERTIFY, That I attended the deceased from March 19230. to March 28, 19230.
(Month) (Day)	(Year) and that death occurred on the date stated above, at 4 13 017 m.
l da	yhrs. The CAUSE OF DEATH * was as follows:
57 yrs. // mos. 0 ds. or	min.? Cesebrai Hernowbages
(a) I rade, profession or particular kind of work Housewife  (b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yra, m >5 da.
9 BIRTHPLACE (State or country)	Contributory Secondary
1 1D NAME OF	(Dúration) yrs mos 18 de
FATHER Jas. L. Bouman	(Signed) W. D
OF FATHER (State or country)  OF FATHER  Anyland	*State the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Georgia Forrel	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER OF MOTHER	At place of death wis mos ds. State yrs mos ds. Where wes disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDG	E if not et place of death?
(Informant adah m Itallam (Address) aberdeen, md	usual residence
(Address) aberdeen, md	19 PLACE OF BORNAL OR REMOVAL
15 Much 29 30 Of Mest	and 20 UNDERTAKER ADDRESS
	istrai Henry Jarring Jones Viberdeen Par
If more blanks are needed, address State	Registrar, 16 W. Saratoga St., Balto., Sequesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: a) fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (pe or given up on account of the DISEASE CAUSING DEATH. guged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enplayed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the cr," etc., worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary Jireman, etc. But in many Physician, Compassion, Architect, Locomotive engineer, the first line will be sufficient, e g.. I crimer or Planter, tion applies to each and every person, irrespective or cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed Foreman, or At Home, and children, For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) not gainfully em-Grocery; Wom-

Statement of Cause of Death—Name, first, the DIS.
EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Framples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal menic, itis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia".

Lobar preumonia Bronchopneumonia ("Pneumonia".

(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., se, sis, telanus) may be stated under the head of "contributory". American Medical Association.) approved by carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Tranition," "Marasmus," "Old Age, Snock, "Uraemia," "Weakness," etc., whon a definite disease "Exhaustion," "Heart Imme," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhuge, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplassis); Massles; accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine defaitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICI'A., State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY Committee on Nomenclature of the Chronic valvular heart disease; etc. The contributory

 RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease American Medical Association.) carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, "Uraemia," "Weakness," etc., when a definite disease Whooping cough; Chronic ..... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiinterstitial nephritis, valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Harford	OSOSTATE OF MARYLAND
Jounny 77 7	Registration Dist. No. 180
Village or City abongson (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in
2FULL NAME Edward Josh	stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED 1	16 DATE OF DEATH
Male While (Write the word) Mas	(Month) /2 (Day) /930 (Year)
6 DATE OF BIRTH  August 20, 18  (Month) (Day) (Y	65 12 fully 1928 to dali of death, 192 (ear) that I last saw hom alive on the 10th fully, 1920.
7 AGE   If LESS   I day   10 mos. 2.2 ds. or	hrs. The CAUSE OF DEATH * was as follows:
8 OCCUPATION	Mrster - the last one week
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Lefus his death  (Durstion) yes mos de
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  Maryland	Contributory Secondary  (Durstion)  yrs. mos. ds  (Durstion)  yrs. mos. ds
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  Edward  J. Hooke	Contributory Secondary  (Durstion)  (Durstion)  (Signed)  (Signed)  (Durstion)  (Durstion)  (Signed)  (Signed)  (Durstion)  (Durstion)  (Signed)
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 WARRED  13 BIRTHPLACE OF FATHER (State or country)  14 WARRED  15 WARRED  16 WARRED  17 WARRED  18 WARRED  19 WARRED  10 WARRED  10 WARRED  11 BIRTHPLACE OF FATHER (State or country)  11 WARRED  12 WARRED  13 WARRED  14 WARRED  15 WARRED  16 WARRED  17 WARRED  18 WARRED  18 WARRED  19 WARRED  10 WARRED  10 WARRED  10 WARRED  11 WARRED  11 WARRED  12 WARRED  12 WARRED  13 WARRED  14 WARRED  15 WARRED  16 WARRED  17 WARRED  18 WARRED  18 WARRED  19 WARRED  10 WARRED  10 WARRED  10 WARRED  10 WARRED  10 WARRED  11 WARRED  11 WARRED  12 WARRED  12 WARRED  13 WARRED  14 WARRED  15 WARRED  16 WARRED  17 WARRED  18 WARRED  18 WARRED  18 WARRED  18 WARRED  19 WARRED  19 WARRED  19 WARRED  10 WARRED  11 WARRED  11 WARRED  12 WARRED  12 WARRED  13 WARRED  14 WARRED  15 WARRED  16 WARRED  17 WARRED  18 WARRE	Contributory Secondary  (Durstion)  (Durstion)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Address)  (Address)
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  OF FATHER  (State or country)  (State or country)  Manual Annual  (State or country)	Contributory Secondary  (Durstion)  (Durstion)  (Signed)  (Signed)  (Durstion)  (Durstion)  (Signed)  (Signed)  (Durstion)  (Durstion)  (Signed)
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  13 BIRTHPLACE OF MOTHER	Contributory Secondary  (Durstion)  (Signed)
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE	Contributory Secondary  (Durstion)  (Durstion)  (Signed)  (Signed)
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed) (Durstion) (Signed) (Signed) (Durstion) (Signed)
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 MAIDEN NAME OF MOTHER (State or country)  15 MAIDEN NAME OF MOTHER (State or country)  16 MOTHER (State or country)  17 MARYLAND  18 BIRTHPLACE OF MOTHER (State or country)  19 MARYLAND  10 NAME OF MOTHER (State or country)  11 MAIDEN NAME OF MOTHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 MARYLAND  15 MARYLAND  16 MARYLAND  17 MARYLAND  18 MARYL	Contributory Secondary  (Durstion)  (Durstion)  (Signed)  (Signed)  *State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs. mos. ds. State yrs. mos. definot at place of death?  Former or

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from laborer, Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is necestion applies to e.ch and every person, irrespective of eupation is very important, so that the relative healthwhatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, the first line will be sufficient, e. g., Farmer or Planter, Statement of Oceunation-Precise statement of oc-Foremun, (b) Automobile factory. The materia sugineer, Stationary fireman, etc. But in many or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, (b) Cotton mill; without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons (a) the kind of work and also (b) the If the occupation has been changed Laborer—('oal minc, etc. (a) Salesman. who have no occupation (b) persons en-Grocery; Wom-

Statement of Cause of Death—Name, first, the DISATEANS CAUSING DEATH theprimary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrogs inal meningitis"; Linhlicria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"PUERPERAL septicacmia," "PUERPERAL peritonitis, "Inanition," "Marasmus," "Old Age," "Shoek," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (seeondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meusles; approved by Committee on Nomenelature of the tetanus) may be stated under the head of "eontributory." as fracture of skull, and eonsequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State eause for which surgical operation was underdiseases resulting from ehildbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of Examples: Accidenta drowning; Struck by railway traintaken. For violent deaths state means of injuly can be ascertained as the eause. (seeondary Whooping "Atrophy," "Collapse," "Coma," "Convulsions, peritonacum, etc., Carcinoma, Sarcoma, etc., of .. (name origin; "Caneer" is less definite; avoid Never report mere symptoms or terminal condiinterstitial nephritis, cough; or intercurrent) affection need Chronic valvular heart disease; etc. The contributory Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Artord	OSU STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 185
Village or City Halde Stace (No. 2FULL NAME Addie How	St.: Ward)  St.: Ward)  A hespitul or institution, give its NAME in stead af street an number.)
PERSONAL AND STATISTICAL PARTICULARS  3 SEX 4 COLOR OR RACE 5 SINGLE,	MEDICAL CERTIFICATE OF DEATH
Jewele plute (Write the word)  6 DATE OF BIRTH  (Month) (Day) (Year)	(Month) (Day) (Year)  I HEREBY CERTIFY, That hattended the decessed from  1929 to 2,1980  that I last saw h & alive on 12, 1929
7 AGE  1 GLESS than I day hrs.  8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	The CAUSE OF DEATH * was as follows:  (Sterio Deleroais +  Mullip D Meunlis  (Duration) .yrs. mos. d
9 BIRTHPLACE (State or country)  10 NAME OF FATHER Wesley Horgeum  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed)  *State the Discase Causing Death, or, in deaths from Violent Caus.s, state (1) Means of injury and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Transients or Recent Residents)  At place of death, yrs
(Informant) J. P. Walley,	Former or usual residence

If more blanks are needed, address State Ragistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WITH UNFADING INK---THIS

MARGIN RESERVED

C. S.-No. 1

15 Filed



(Approved by U. S. Census and Américan Public Health Association.)

Spinner, (b) Cotton mill; (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Physician, whatever, write None. report specifically the occupations of persons en-Foreman, (b) Automobile For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day Compositor, For persons who have no occupation Architect, Salesman. (b) Groccry; factory. The material -Coul mine, etc. Locomolive engineer, Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitie"); Diphtheria (avoid use of "Croun"); Syphoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia. Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL scplicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. (secondary or intercurrent) use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., carbolic acid-probably surcide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, menapproved by as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train Whooping (Recommendations on statement of cause of American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, cough; Committee on Chronic Carcinoma, Sarcoma,, etc., of Example: Mcasles (disease affection need not be etc. valvular heart disease Nomenclature of the The contributory " Shock, Meusles ; death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

PHYSI-TRIN CORPORATE LIMITS OF PLACE OF DEATH EXACTLY, P PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. eq WIDOWED. DIVORCED may houid Write the word) 6 DATE OF BIRTH nstructions that (Month) (Day) (Year) Ü 7 AGE If LESS than I day hrs. terms ds. or min.? 8 OCCUPATION ESERV (a) Trade, profession or 0 particular kind of work carefully pla 6) General nature of industry business, or establishment in 2 importa which employed or (employer) be car EATH Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) PD 10 NAME OF shoul 11 BIRTHPLACE OF FATHER OZ Z (State or country) AU TIO 12 MAIDEN NAME ati O d state 13 BIRTHPLACE At place OF MOTHER of death CIANS should statement of OC (State or Country) BEST OF MY KNOWLEDGE Former or

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ward) a hospital or institution, give its NAME in stead of street and number.) MEDICAL CERTIFICATE OF DEATH (Month) (Day) I HEREBY CERTIFY, That I attended the deceased from and that death occurred on the date stated above, The CAUSE OF DEATH \* was as follows: \*State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. deaths from (2) Whether 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) In the yrs.....ds. Where was disease contracted, if not at place of death?.... DATE OF BURIAL

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

### 8

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (to or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Gook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekcepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-(b) Cotton mill; (a) Salcsman. without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation -Coal mine, etc. Wom-(b) Grocery;

Statement of Cause of Death—Name, first, the DYSEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (erebrayulal fever (the only definite synonym is "Epidemic cerebraspinal meningitis"); Diphtheria (avoid use of "Croup"); spinal meningitis"); Diphtheria (avoid use of "Pneumonia"); Typhoid fever (never exchapmentia, Brockhopneumonia ("Pneumonia,");

approved by Committee on Nomenclature of the tplants) may be stated under the head of "contributory." occident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"Puerperal septicacmia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e g., sepsis, curbolic acid-probably suicide. The n ture of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondar or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; ...... (name origin; "Cancer" is less definite; avoid Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart discase, Example: Measles (disease etc. The eontributory Mcasles;

If this certificate is looked over thoroughly and al questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No. 1

PHYSI-

	County Latter	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. /82
	Village or City Blussey (No	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
istructions on pack of	Jewale Mule (Write the word)	(Month) (Day) (Year)
	(Month) (Day), 1862	1930 to 1000, 1930.  that I last saw h 21 alive on 200.
	7 AGE    If LESS than   I day hrs.   ds.   or min.	and that death occurred on the date stated above, at 3, 30 A,m. The CAUSE OF DEATH * was as follows:
1000	(a) Trade, profession or particular kind of work  (b) General nature of industry pusiness, or establishment in	Hemplege (Duration) L. yie moe 3 de
Importa	which employed or (employer)	Contributory Hempleste.
is very	10 NAME OF FATHER Wartin Bries	(Signed) M. D. (Address) Fallsland M. D. (State the Disease Causing Death, or, in deaths from
NOTING A	OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
20000	13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death
ment of	(Informant) WO Charles States of Mr. Kingstone States	Former or usual residence  19 PLACE OF BURIAR OR REMOVAL  DATE OF BURIAR
state	(Address) Deuson Sud	Men. athedral Cem 11 1 7, 19 70 20 UNDERTAKER ADDRESS

If more b.anks are needed, addre. s tate Registrar, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken sary to know (a) the kind of work and also (b) the tion applies to e.ch and every person, irrespective ci laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Slalionary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never mort "Typhoid Pneumonia"); Lobar pneumonia, B hopseumonia ("Pneumonia")

> American Medical Association.) delangs) may be stated under the head of "contributory." st\_ted unless important. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Ilaemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease Whooping cough; Chronic Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be st\_ted unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of accident;-Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

County County	CERTIFICATE OF DEATH Registration Dist. No. / 84
Village or City Harley 19 to No. 2FULL NAME 1/12 Formie	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single, Widowed OR DIVORCED (Write the word)	16 DATE OF DEATH 19850 (Month) (Day) (Year)
Sept 9, 1832 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 19250 to 31111 31 that I last saw here alive on the same 4, 19250,
7 AGE    Social Patients   Soc	and that death occurred on the date stated above, at \$50 a.m. The CAUSE OF DEATH * was as follows:
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Contributory Accinoma Secondary
(State or country)  10 NAME OF FATHER  11 BIRTHPLACE  (State or country)	(Signed) 1/6, Gallin M. D.
OF FATHER  (State or country)  12 MAIDEN NAME  OF FATHER  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Markha Carr  13 BIRTHPLACE OF MOTHER (State or Country) Larfael Co. Mel	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds, Stateyrsmosde.
(Informant) Bleschen W. Nowledge	Where was disease contracted, if not at place of deach?  Former or usual residence
(Address) Danlyng Con Mo.	Vouses Ceme June /8, 1530
Filed June /7 19230 MM Think Registrar	20 UNDERTAKER ADDRESS ADDRESS
If more bianks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Physician, whatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed hou ehold only (not paid Housekeepers who receive a For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day Compositor, Architect, Locomotive engineer, But in many

Stetement of Cause of Death—Name, first, the DIS-EAS: CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature tetanus) may be stated under the bead of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

X	/	, PHYSI-	
	CORD	XACTLY Classifie	V
		ted E	-
O	ENT	e eta e pro	3
MARGIN RESERVED FOR BINDING	IAN	Ehouid-b it may b s on back	V 3 / 6 7 8 8 9
FOR	IS IS A	ed. ACE s so that	7
RVEL	THI	supplierm see ins	8
ESE	INK	uilly spiain	-
GIN R	FADING	be caref EATH in importa	9
MAR	WRITE Y, WITH UNFADING INKTHIS IS A NANENT ECORD	N. BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
	TE	should s	14
To. 1	WRI	CIANS stateme	
V. S. No. 1		Z Z	=
			1.0

PLACE OF DEATH WITHIN CORPORATE LINE	STATE OF MARYLAND
County Harford	CERTIFICATE OF DEATH
	Registration Dist. No. 185
Village or City Havre de Grace - (No Pasperson B. How	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White SINGLE,  MARRIED,  WIDOWED.  OR DIVORCED (Write the word)  Married	16 DATE OF DEATH September 91, 1980  (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Sept 12, 1881	
/ (Month) (Day) (Year)  7 AGE [If LESS than	and that death occurred on the date stated above, at 630 p. m.
4 g yrs. // mos. 7 g ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or Surtelboard Wiring Foreman	his car on Union avenue Karra de Vran
(b) General nature of industry Chest Pot 21 Co	
which employed or (employer) of Belto City	(Duration) yrs. nos. ds.
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary  (Durstion)  T3mosds.
10 NAME OF Lloyd Howell	(Signed) Martin P. Yoley, Coroner " M. D. Sept, 9th 1930 (Address Barred Gran, mo
OF FATHER  (State or country)  (State or country)	*State the Disease Causing Death, or, in deaths frem Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Lily May Morrison	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Maryland	At place of death wise mos. de. State yrs mos. ds.  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Janares L brown	Former or usual residence
(Address) 4002 & 4: St Brooklyn Md	Wasdleva Centerfell Sept 12, 1930.
Filed Sept 10 19230 Charles I Faley M.S.	Paul Chenoweth Baltimore Md.
If more banks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Cure should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Farenum, (b) Automobile factory. The inaterial or At Home, and children, not gainfully em-For many occupations a yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation single word or term on 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid approved by Committee on Momenclature of the American Medical Association.) tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease, Chronic interstitial nephrilis, etc. The contributory Whooping (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Measles;

If this certificate is looked over thoroughly and a l qu stions answered in detail, it will provent further correspondence. All the data is essential and must be oblamed refore the certificate is permanenth effet.

KINDELY EL

V. S. No. 1

	PLACE OF DEATH	STATE OF MARYLAND
Co	ounty Harford WITHIN CORPORATE	CERTIFICATE OF DEATH
		Registration Dist. No. 185
Villag	ge or City Havre de Grace (No. Ex 2FULL NAME William Hudson	il Street St.: Ward) (If death occurred is a hospital or institution, give its NAME in
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 2146 19330 (Month) (Day) (Year)
6 DA	TE OF BIRTH  Unknown , 1.  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 2146, 1920, to 2146, 1920, that I last saw h alive on 192
7 AGE	yrs. 25 mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) part (b) busi which	Trade, profession or factor Railroading General nature of industry iness, or establishment in ch employed or (employer) Railroad repair work	Homisidal Custon  (Duration) yrs. 2-3m  (contributory
(	State or country) Durwiddle Co, Va.	Secondary (Duration)
	FATHER \ Man Res (2)	(Signed) Martin P. Foley - Rosoner M.D
N T S	I BIRTHPLACE OF FATHER (State or country) Unknown	(Signed) Martin P. Foly - Rosoner M.D. June 23 1939 (Address Harri Le Grace My.
N T S	BIRTHPLACE OF FATHER	(Signed) Martin P. Foly - Rossus M. D.  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans.)
PARENTS	1 BIRTHPLACE OF FATHER (State or country)  2 MAIDEN NAME.	(Signed) Martin P. Foly - Corone M. D.  *State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds. State yrs mes ds
S 13 13 14 TH	1 BIRTHPLACE OF FATHER (State or country)  2 MAIDEN NAME OF MOTHER 3 BIRTHPLACE OF MOTHER (State or Country)  Whenown  Whenown  Whenown  E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed) Martin P. Foly - Corone M. D.  *State the Disease Causing Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted, if not at place of death?  Former or usual residence
S 13 13 14 TH	BIRTHPLACE OF FATHER (State or country)  2 MAIDEN NAME OF MOTHER  3 BIRTHPLACE OF MOTHER (State or Country)  Whenown  3 Whenown	(Signed) Martin P. Foly - Corone M. D.  *State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For ients or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted, if not at place of death?  Former or

(Approved by U. S. Census and American Public Health Association.)

Spinner, state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an tion applies to each and every person, irrespective of whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the ployed, as At school, or At home. Care should be taken Foreman, For many occupations a or At Home, and children, not gainfully em-2/18). (b) Cotton mill; (a) Salesman. without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation single word or term on (b) The ques-Grocery;

Statement of Cause of Death—Name, first, the filterase CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiuol fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of American Medical Association.) approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Hacmorrhage," tions, such as "Asthenia," "Anacmia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "Uraemia," "Wcakness," etc., when a definite disease Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; Chronic valvular heart disease, Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

3

N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD ANENT Y, WITH UNFADING INK--THIS IS A PE WRITE

DING

MARGIN RESERVED FOR B

PLACE OF DEATH County Harford	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 184
Village or City Street (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MACOLOR OR PACE SINGLE, MARRIED, WIDOWEY. OR DIVORGED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH  (Month)  (Day)  (Year)	that I last saw hun alive on any 3, 1930,
7 AGE Solver Sol	
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	(Duration) yrs mos 2 ds.  Contributory County Usatural County
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State (pr country))  12 MAIDEN NAME	(Signed)
of MOTHER OLYMPIA 13 BIRTHPLACE OF MOTHER (State or country)	B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted,
(Informant) Thereight Hoff  (Address) Stick Mal	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OR
Filed duy 5 1980 H.J.S. McKeh Registrar  If more blanks ere needed, address State Registrar	20 UNBERTAKER  LOUIS  16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it tired 6 yrs). state occupation at beginning of illness. If retired from Spinger, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Physician, Compositor, Architect, report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," American Medical Association.) approved by Committee on as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. stated unless importan+ (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease chopneumonia (secondary), etc. The contributory affection need valvular heart Nomenclature of the not disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	A1732 STATE OF MARYLAND
County Harford	CERTIFICATE OF DEATH
	(99)
Village or City farrettrille (No.	Registration Dist. No. O St.: Ward)  St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME / T, S, MY	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Matt Single (Write the word)	16 DATE OF DEATH Puls 27, 1920  (Month) (Day) (Year)
G DATE OF BIRTH  June 29, 186	17 I HEREBY CERTIFY, That I attended the deceased from 1870. to Full-26, 1980, 1971 that I last saw have alive on Full 26, 19230
(Month) (Day) (Yea	-   3 D
77 yrs. 7 mos. 29 ds. or m	hrs. The CAUSE OF DEATH * was as follows:
a) Trade, profession or Actived	
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)de,
9 BIRTHPLACE (State or country)	Contributory Secondary  Ouration yrs mos ds.
10 NAME OF Wanam Huff	(Signed) Charles Organis M. D.
State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Puliaelma of Carlo	R LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
OF MOTHER (State or Country)	At place of death yrs mos ds. In the State yrs ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Mon of B, Frand	Former or usual residence
(Address) Rocks, Md,	ascension Cim, March 2, 1930
15 Filed Feb. 28 1930 Thomas P. Brown Registrar	1. Bailey Warlington
If more blanks are needed, address State Regis	trar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken r." etc., Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

Z

PLACE OF DEATH	0508 STATE OF MARYLAND CERTIFICATE OF DEATH
Village of City Hear I No Se 186. CC 1	Registration Dist. No.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAN CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE  MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH au. 5 , 1930 (Year)
Month) (Day) (Year)  7 AGE  Month) (Day) (Year)  1 day hrs.  1 day hrs.  2 ds or min.?	that I last saw have alive on the date stated above, at 1 45 Am.  The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or trappostry (and	Earcinoma / liver (Dyration) / Dyra 2028 do
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)	Contributory Secondary  (Duystion), yrs mos de  (Sigled) M. D  *State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translients or Recant Residents)  At place of death yrs mos ds State yrs mes ds  Where was disease contracted,
(informant) MS. Cligabeth J. Hughes (Address Navre de Grace Mill Ponte #7	if not at place of death?  Former er waual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  ADDRESS  ADDRESS
15 Filed Jaw J 1981 Benha B. Krught, Registrar  If more b.anks are needed, address State Registrar	Madison Michell Navide Since, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



(Approv≎d by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, guged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Aever return 'Laborer,'" (Foreman," 'Nanager," 'Deal-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Housemaid, etc. If the occupation has been changed Foreman, (b) Automobile For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day factory. The material Locomofive engineer, (b) Grocery; Wom-

> "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic Chronic interstitial nephrilis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Debility" ("Congenital," "Senile," ctc.), "Dropsy," Exhaustion," "Heart failure," "Haemorrhage, (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was underapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death American Medical Association.) .... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions," Example: Measles (disease valvular heart disease; etc. The contributory Always qualify all Sarcomu,, etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the cartificate is permanently filed.

N. B.—Every item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important, See instructions on back of certificate. ECORD ANENT MARGIN RESERVED FOR BUDING Y, WITH UNFADING INK--THIS IS A PR WRITE V. S. No. 1

OF DEATH		05635 ST	TATE OF M	IARYLAND
tarsord		CE	RTIFICATE	OF DEATH
0		Wa	Registration D	ist. No. 184
Meas Slate	Hellino.	St	Ward)	(If death occurred in a hospital or institu
LL NAME Wa	eller B. K.	uttoon		stead of street and number.)
NAL AND STATIST	ICAL PARTICULARS	MEDICAL CE	ERTIFICATE O	F DEATH
White	SINGLE, MARRIED, Single WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH	May	197, 1923 8 (Day) (Year)
RTH 2 (Month)	, 1880	Saw Lines	e Chead	May 19, 1923
	If LESS than	and that death occurred on		above, at J. R. m.
rofession or Add of work Add of the Add	nu	Contributory	(Duration)	.yıs ds.
ACE HER COUNTRY) ROLLES	In Hickory	(Signed) (Add	Cons	or, in teaths from and (2) Whether
LAGE HER P COUNTY LANCO	<b>A</b>	ients or Recent Residents At place	In the	ls, Institutions, Trans
me Tout	Town	Former or usual residence		
	Canford  Meas Slate  LL NAME MA  NAL AND STATIST  4 COLOR OR RACE  White  3 (Month)  50 yrs.  ofession or dof work  ature of industry  stablishment in  red or (employer)  untry)  ACE  Frank  Trough  ACE  Trough  A	Aced State Hilling.  LL NAME Waller B. X  NAL AND STATISTICAL PARTICULARS  4 COLOR OR RACE MARRIED. Single Widowed. OR DIVORCED (Write the word)  RTH  3 (Month) 7 (Day)  (If LESS than I day. hrs. or min.?  of ession or do of work farmed or (employer).  untry)  Aced Her Landle Thulton	CENTRAL AND STATISTICAL PARTICULARS  A COLOR OR RACE SINGLE, WIDOWED, OR DIVORCED (Write the word)  ATH  THE TO THEREPY CERT  TO YES. O MOS. 12 ds. Or min.?  Of cossion or do of work ature of industry stablishment in red or (employer).  ACE LER COUNTRY) LOUISING LEVEL ACE LER COUNTRY LACE LER COUNTRY LACEL CENTRAL ACELER COUNTRY LACE	CERTIFICATE  Registration D  St.: Ward)  LL NAME Waller B. Kullovu  NAL AND STATISTICAL PARTICULARS  A COLOR OR RACE SINGLE MARRIED FOR DIVORCED (Write the word)  ATH  THEREN CERTIFY, 1994 I att of that I last saw h. alive on the date stated a law hrs. or min.?  Offession or do of work for min.?  Offession or min.?  Offessio

(Approved by U. S. Census and American Public Health Association.)

er," etc., tired 6 yrs). state occupation at beginning of illness. If retired from laborer, business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salcsman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emhousehold only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive For persons who have no occupation (b) Automobile factory. The material (b) engineer, Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Inanition, approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., whon a definite disease "Exhaustion, "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important Examples: Accidental drowning; Struck by railway traindiseases tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) use of "Tumor" for malignant neoplasms); Mcasles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) causing death), 29 ds.; L. Chronic interstitial nephritis, Whooping ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; " "Marasmus," "Old Age," "Shock," 'Congenital," "Senile," etc.), "Dropsy,"
"Heart failure," "Hacmorrhage," Chronic Example: Measles (disease chopneumonia (secondary), The nature of the injury, etc. The contributory affection need valvular Nomenclature of the Always qualify all heart not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact CORD ANENT AET, WITH UNFADING INK-THIS IS A PER MARGIN RESERVED FOR BI WRITE P

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Harford	CERTIFICATE OF DEATH
County County Controls WITHIN CORPOR	ATE LIMITS OF Registration Dist. No. 185
Village or City the Yace Sind	St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
2 FULL NAME Eliza Isel	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH 1000 16 1980.
Jenesle Rolared (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
Wilsumy!	120. to 200 6 , 19230,
(Month) (Day) (Year)	that I last saw he alive on 1920,
7 AGE (Month) (Bay) (Fear)	
l day hrs.	
	Mandata Valerosco
S OCCUPATION (a) Trade, profession or Housework  particular kind of work	and the state of t
. C . I was not be designed	- Aller and the state of the st
business, or establishment in	(Durstion) yis mos de.
	Contributory suchassed Vacleure
9 BIRTHPLACE (State or country)  Manyland	Secondary (Duration) yrs mos da.
10 NAME OF	(Signed) (Signed) M.D.
FATHER MURLEVILLE	12/17 1920 (Address) Advantage of the
H OF FATHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
(State or country)////////////////////////////////////	
of MOTHER MUSICON	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	
OF MOTHER (State or Country) Lucleur	At place of death yrs mos ds. In the State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
er a t	Former or usual residence
(Informant) Leonger buylerly.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Have de Grace ried.	Green Springten Dec. 18, 19 30
15 Filed Dec. 18 1930 Charles & Foley, M. D.	20 UN DERTAKER ADDRESS
Registrar	Tenny for son Harrace M.
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, tired 6 yrs). ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day (b) Automobile factory. The materia For persons who have no occupation (b) Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup Typhoid fever (never report "Typhoid Pneumonia" fever (the only definite synonym is "Epidemic cerebio ed term for the same disease. Examples: Cerebrospina to time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dis pneumonia, Bronchopneumonia ("Pneumonia

> atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by (danus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death Never report mere symptoms or terminal condiperitonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Nomenclature of the Chronic valvular etc. The contributory heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is













PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME instead of street and number.) MEDICAL CERTIFICATE OF DEATH (Month) HEREBY GERTIFY, That hattended the decreed from and that death occurred on the date stated above, at the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. (2) Whether 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-In the

MARGIN

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Househeepers who receive a definite salary), may be entered as Housewife, Housewhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesworked on may form part of the second statement. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-" etc., without more precise specification as Day Foreman, or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, Laborer-(b) Cotton mill; (a) Salesman, (b) Grocery.
man, (b) Automobile factory. The materia For persons who have no occupation -Coal minc, etc. not. gainfully em-Wom-

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, aecident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," American Medical Association.) approved by (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., whon a definite disease "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bro chopneumonia (secondary), stated unless important. Chronic interstitial nephritis, (secondary use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Whooping ...... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., o Never report mere symptoms or terminal condi cough; or intercurrent) affection need not be ss important. Example: Measles (disease Committee on Nomenclature Chronic valvular heart disease; etc. The contributory of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County ) (arsord)	01733 CERTIFICATE OF DEATH
	Registration Dist. No. 8
Village or City Harlington No. R. F. D.	St: Ward) (If death occurred a hospital or instit
2FULL NAME Sarah 129	lackson tion, give its NAME is stead of street ar number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SHISLE MARRIED, WILDOWED.	16 DATE OF DEATH -7154 25, 19237
male Will (Write the word)	(Month) (Day) (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the descared fro
7 (Month) / (Day) / Gq(Year	
7 AGE (IfLESS th	2 1
La Filday h	nrs. The CAUSE OF DEATH * was as follows:
W yrs. mos. de. or mi	In.?
(a) Trade, profession or particular kind of work	Laner 7 the Stone
(b) General nature of industry business, or establishment in	(Duration) yrs. mos d
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory
(b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  Ploria Illistoio  10 NAME OF	Contributory Secondary (Duration) yrs
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary  (Duration)  (Signed)  (Signed)  (Management of the secondary of the
(b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  THE LUXY GARLEL  11 BIRTHPLACE  OF FATHER	(Signed) (Address) (Address)
(b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  THE LUNG GAME  OF FATHER  (State or country)  Control of the state of country  State or	(Signed) (Address) (Address)
(b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  THE LUXY GARLEL  11 BIRTHPLACE  OF FATHER	(Signed)
(b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  11 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  11 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME	(Signed)
(b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  TY LUXY GANULL  11 BIRTHPLACE OF FATHER (State or country) Place OF FATHER  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER	Contributory Secondary  (Duration)  (Signed)  *State the I iscase Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place
(b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  TY LUXY Ganell  11 BIRTHPLACE OF FATHER (State or country) Place of Jelisoise  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country) Place of Lilioise  14 (State or Country) Place of Lilioise	Contributory Secondary  (Duration)  (Signed)  *State the l'iscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos death State yrs mos of State yrs mos of State yrs mos of State yrs mos yrs disease contracted.
(b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary  (Duration)  (Signed)
(b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  TY LUXY Ganell  11 BIRTHPLACE OF FATHER (State or country) Place of Jelisoise  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country) Place of Lilioise  14 (State or Country) Place of Lilioise	Contributory Secondary  (Duration)  (Signed)  *State the Discase Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos de State yrs mos (3)  Where was disease contracted, if not at place of death?
(b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary  (Duration)  (Signed)  *State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted, if not at place of death?  Former or usual residence
(b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  15 Lackus Jackson	Contributory Secondary  (Duration)  (Signed)  *State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted, if not at place of death?  Former or usual residence

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know: (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octweed 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseloborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, whatever, write Nonc. g. ged in domestic service for wages, as Servant, Cook, Housemuid. etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, For persons who have no occupation (b) Automobile factory. The materia. (b) Grocery,

Statement of Cause of Death—Name, first, the Dissease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"). Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

(Recommendations on statement of cause of approved by Committee on telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaennia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condi-Chronic valvular heart etc. The affection need Nomenclature contributory disease; not be etc., of

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the gata is essential and must be obtained before the certificate is permanently filed.

N. E.-Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD ANENT MARGIN RESERVED FOR BINDING WITH UNFADING INK---THIS IS A P WRITE F V. S. No. 1

PLACE OF DEATH	(19330) STATE OF MARYLAND CERTIFICATE OF DEATH
County Harford	74-00 Registration Dist. No. /8#
Village or City Castleton (No	St.: Ward)  St.: Ward)  (If death occurred in a hospital cr institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SARBIED WIDOWED WIDOWED (Write the word)	16 DATE OF DEATH  (Yenth) (Day) (Year)  17 O I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH  Mon 17 1851  (Months) (Day) (Year)	that I last law her alive on aug 2/2, 1936.
7 AGE  79 yrs. 3 mos. 6 ds. or min.?	and that death occured on the date stated above, atm.  The CAUSE OF DEATH * was as fellows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Contr
10 NAME OF FATHER PROTUCTS  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  10 NAME OF FATHER PROTUCTS  11 BIRTHPLACE OF FATHER (State or country)	(Signed) M. D.  8 - Z. X192 (Address) D. W. Louglon  *State the Discaso Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER MMC COMPANY  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death
(Informant) R. B. Smith  (Address) Darlington My  (Address)	if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Aug 25, 19 31
15 Filed aug 23 1930 M. Vr. Ruk -	20 UNDERTAKER Bailey Harlington
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Mid

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Colton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emworked on may form part of the second statement. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, Never return" Laborer,""Foreman,""Manager.""Dealwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed et., without more precise specification as Day ev, Farm laborer, Laborer—Coal mine, etc Wom-Foreman, For many occupations a single word or term on who are engaged in the duties of the (b) Automobile factory. The material Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

atic), "Atrophy" "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronie interstitial nephritis, inges, peritonacum, etc., Carcinoma, Sarcoma,, etc., of ..... (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL perilonilis," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Mcasles, unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease approved by Committee on telanus) may be stated under the head of "eontributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-Whooping American Medical Association.) (Recommendations on statement of cause of death Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart Nomenclature discase;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ANENT PER B FOR WITH UNFADING INK--THIS IS A RESERVED

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. MARGIN V. S. No. 1 If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., 1

	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
	County Varford WITHIN CORPO	CERT!FICATE OF DEATH
	-8/1 / 9 /12 7	Registration Dist. No. 185
Vi	llage or Chavede Grace No. 6/2 1	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and
	2FULL NAME Show Sell	stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	Male White SINGLE, MARRIED. OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH Sept 2/, 1930 (Month) (Day) (Year)
6	DATE OF BIRTH MAN 20, 1930	17 I HEREBY CERTIFY, That I attended the deceased from Sept 1980 to Supt 7 1980.
-	(Month) (Day) (Year)	that I last saw hamalive on Suff CO., 192. C.
7	AGE   If LESS than   I day hrs.   ds. or min.?	and that death occurred on the date stated above, at
-	OCCUPATION (a) Trade, profession or particular kind of work	Entero - Calletin
1	(b) General nature of industry ousiness, or establishment in which employed or (employer)	(Duration) yrs. mos ds.
1	BIRTHPLACE (State or country)	Contributory Secondary  (Poration) as mod ds.
	10 NAME OF Jours James	(Signed) M.D.
NTS	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PARE	OF MOTHER Clinor Venderson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country).	At place of deathyrsmosds. In the Stateyrsmosds.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) Lowes James (Address) 6/2 Water SL	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Sept 23, 1930
15	Filed Sept 22 1930 Charles J. Foly M.D.	Madison Mitchell Navre de Gran
11	1 1 1 11 11 11 D 11	10 W Contain St Polto Proposting V S No. 1.

1 A A MY 13

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servont, Cook, Housemaid, etc. If the occupation has been changed laborer, Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (r. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekcepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Stotionary fireman, etc. But in many Physiciun, Compositor, Architect, tion applies to each and every person, irrespective of Foremon, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a of various pursuits can be known. The ques-Form loborer, Loborer-(b) Cotton mill; (a) Salcsman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on -C'oal mine, etc. Wom-Locomotive engineer, 3 Grocery;

Statement of Cause of Death—Name, first, the DIREASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobor pneumonia, Bronchopneumonia ("Pneumonia");

diseases resulting from childbirth or miscarriage as "PUERPERAL septicucmia," "PUERPERAL pertlonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Chronic interstitiol nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-(secondar, or intercurrent) affection need not be "Atrophy." "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condicough; 'Congenital,' "Senile," etc., "Dropsy,"
," "Heart failure," "Haemorrhage," Chronic valvular heart disease; Example: Measles (disease etc. The contributory Measles ;

If this certificate is looked over thoroughly and a l questions and acred in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

OCT 6 19

PLACE OF DEATH	STATE OF MARYLAND
County Harford WITHIN GORFOR	CERTIFICATE OF DEATH
0	Registration Dist, No. 185
Village or City Herdeen (No lacre de Se 2FULL NAME Dr. Karherine D	ward Hospistel Ward)  (If death occurred it a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Married Widowed. OR DIVORCED (Write the word)	16 DATE OF DEATH 29, 1930  (Month) (Day) (Year)
February 28, 1871 (Month) (Day) (Year)	17 1 HEREBY CERTIFY, That I attended the deceased from  1930 to June 27, 1930  that I Jassaw h walive on June 29, 1950
7 AGE    If LESS than   I day hrs.   ds. or min.?	and that death occurred on the date stated above, atm The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or Osteopallic Dr. (b) General nature of industry	Acuts Dephrito
business, or establishment in which employed or (employer)	(Durstion) vrs mos de
9 BIRTHPLACE (State or country) Pennsylvania	Contributory Contributory Secondary (Durstion) yrs mos 6 ds
10 NAME OF FATHER Edward M. Duff	(Signed) M. D. M.
Z (State or country) Empsylvania  12 MAIDEN NAME OF MOTHER  OF MOTHER	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 Langth Of Rasidance (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country) Perusylvania	ients or Recent Residents)  At place In the of deathyrsmos,ds  Where was disease contracted,
(Informant) Mes Lewis C. Smith	if not at place of dea h?
(Address) Detroit Mich -	In place of Burial or REMOVAL DATE OF BURIAL Maple Country July 1924
15 Filed July / 193 Charles & Foley, M.D. Registras	Senry Janing son Charlen ma
If more b.anks are needed, addre.s Ltate Negistra	r, 16 W. Saratoga St., Balto., Kequesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of octired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salcsman, For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diselse. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

> st\_ted unless important. Example: Measles (disease "E:haustion," "Heart failure," "Haemorrnage, "Shock," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Heamorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY American Medical Association.) Never report mere symptoms or terminal condi Chronic valvular heart disease; nephritis, etc. The contributory Nomenclature

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED

	Y, PH	
	-Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PH CIANS should state CAUSE OF DEATH in plain terms so that it may be probekly classified. Estatement of OCCUPATION is very important. See instructions on back of certificate.	
	ated E	
TINE	be pr	
True	ehould it may on ba	
4 2	ACE o that ictions	
21111	opiled. erms s instr	
4	plain to	
	carefu TH in	
	uld be F DEA	
11111	USE O	
ĵ	ormatic ate CA	
	of info	
TILL	Every Item of information should be carefully supplied. ACE should be stated EXACT CIANS should state CAUSE OF DEATH in plain terms so that it may be proberly class statement of OCCUPATION is very important. See instructions on back of certificate.	
1	ANS	
1	St. Otto	
WITH ON ADING INV. THIS IS A LEGISLIA	N. BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PH CIANS should state CAUSE OF DEATH in plain terms so that it may be probekly classified. Estatement of OCCUPATION is very important. See Instructions on back of certificate.	

PLACE OF DEATH County Hasford	125(10) STATE OF MARYLAND CERTIFICATE OF DEATH
0	Registration Dist. No./80
Village or City Edgewood (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemsle White Single Whole OR DIVORCED OR DIVORCED OR DIVORCED OR DIVORCED	16 DATE OF DEATH ON 8 ~ , 1936.  (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Mecaniles 15, 1849 (Month) (Day) (Year)	192 . to
80 yrs. 9 mos. 23 ds. [If LESS than   1 day hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work  (b) General nature of industry	Moure Brouchutes
business, or establishment in which employed or (employer)	(Duration) yrs, mos., ds
9 BIRTHPLACE (State or country) Cecil Co, Maryland	Secondary My Ocusaged Jelle Fee
10 NAME OF FATHER Thomas Jamey	(Signed) Nave Day M. D. D. Address) Zolg Eurova
OF FATHER (State or country) Coecil Res. Maryland 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Cuchel Muriam Blake 13 BIRTHPLACE OF MOTHER	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place In the State yrs mos ds. State yrs mos ds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
THE ABOVE IS INCE TO THE BEST OF MIT KNOWLEDGE	Former or usual residence.
(Informant) dertha M. Jepon	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Colora, Md	Baynew Cent C. Ind Cart 12 1030
Filed Oct 8 19730. Fried Morlok	20 UNIDERTAKER REDIRESS PRINTER IN

If more bianks are needed, address State Registrate 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Screent, Cook, to report specifically the occupations of persons en ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an sary to know Physicim, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemoid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a laborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtion applies to each and every person, irrespective of Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the -Coul mine, etc. Wom-(h) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Cobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. Recommendations on statement of cause of death as Fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Hacmorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondar, or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meosles; inges, perilonaeum, etc., Corcinoma, Sorcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Américan Medical Association.) Whooping ...... (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Never report mere symptoms or terminal condi cough; Committee on Nomenclature Chronic Example: Measles (disease valvulor heart discase; etc. The contributory

If this certificate is looked over thoroughly and al questions any fered in detail, it will prevent further correspondence. All the dark is essential and must be obtained before the certificate is permanently filed.

1450

MARGIN RESERVED

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken to report specifically the occupations of persons endefinite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the nature of the business or industry, and therefore an whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housenaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. business, that fact may be indicated thus; Farmer (reetc., Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (b)

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accented term for the same disease. Examples: Cerebros parafever (the only definite synonym is "Epidemic ceretrospinal meningitis"); Diphtheria (avoid use of "Croup); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease earbolic acid-probably suicide. The nature of the injury, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as-fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary Whooping cough; Examples: Accidental drowning; Struck by rails ay train-American Medical Association.) approved by Committee on Nomenclature of the Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-" "Marasmus," "Old Age," "Shock," or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.-Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact CORD ANENT LY, WITH UNFADING INK--THIS IS A MARGIN RESERVED FOR

WRITE

(	~	Carf	nd			m]gx
Vill	lage or Cit	Dan	ling	(No.		-
	2FU	ILL NAME		Ter	A	Jen
	PERSO	NAL AND	STATIST	ICAL PAR	TICUE	ARS
3 5	J.	4 COLOR	OR RACE	MADRIE WIDOWE OR DIVI (Write the	D. PCED	vid.
6 D	ATE OF BI	<b>RTH</b>	Selet	2 <u>2</u>	3 ay)	, 1.837
7 A		73 yr	s. / \	mos.23	,	If LESS the
(laborated with the position of the position o	articular kir b) General i usiness, or	rofession or nd of work nature of in establishmen yed or (emp E ountry)	dustry	Par	ry	
S	10 NAME FATHER 11 BIRTHP OF FAT	LACE	ank	ling	Dru	nean
PARENTS		or country)	/2	. Q	rol	fe
1		HER or Country)	n	"Cei		
14	(Informan	at)	Lo n	Check	k,	nd
15	Filed &	1	193.0	mar	Ki	h.

F DEATH	STATE OF MARYLAND
and and	CERTIFICATE OF DEATH
	Registration Dist. No. / S.
Darlington (No.	St.: Ward) a besited or institute
NAME Lena Jem	St:: ward a hospital or institution, give its NAME II - stead of street and number.)
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE SENGLE MARKED, WILL WILLOWS WILLOWS WILL WILL WILL WILL WILL WILL WILL WI	16 DATE OF DEATH Sept 14 , 1980
(Write the word)	(Month) (Day) (Year)
0 pt 22 mg	17 I HEREBY CERTIFY, That I attended the deceased from
Month) (Day) (Year)	that I last saw h a alive on Sept 13,
[If LESS than	and that death occurred on the date stated above, atm.
1 1 2 3 1 day hrs.	The CAUSE OF DEATH * was as follows:
3 yrs. mos. ds. or min.?	acute Enteriles
ssion or Huserife	·
re of industry	
olishment in or (employer)	(Duration)yrsmosds.
70 0	Contributory
D. Co.	(Durstion) Justine Jus
Frankli Dungan	(Signed) Welland O. Hudson M. D.
E 1	Sept 13 1920 (Address) Tout Hell ma
untry) h. C.	V *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
me male	18 LINGTH OF RESIDENCE (For liespitals, Institutions, Trans-
E 70 0	ients or Recent Residents) At place In the
untry) /h.Ce/	of deathyrsmosds. Stateyrsmosds.
TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
4 Paggara	Former or usual residence
Daily to The	19 PLACE OF BURIAL OR REMOVAL SER 16, 1936
15 1930 MM Kich.	20 UNBERTAKER ADDRESS
Registras	r, 18 W. Saratoga St., Balto., Hequesting V. S. Ivo. 1.
If more blanks are needed, addre.s Ltate Registral	1114

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (re state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease, Examples: Cerebrosphul fever (the only definite synonym is "Epidemiz cerebross, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,").

American Medical Association.) st\_ted unless important. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease inges, reritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. can be ascertained as the cause. Always qualify all Whooping cough; Chronic valvular heart disease; approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by taken. For violent deaths state means of injuly State cause for which surgical operation was under-(secondary (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ACE OF DEATH

STATE OF MARYLAND

9.8. No. 1

ESERVED

C

MARGIN

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The queswork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken tion applies to each and every person, irrespective cf cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospiral fever (the only definite synonym is "Epidemic cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mentions, such as "Asthenia," "Anaemia" (merely symptomapproved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. discases resulting from childbirth or miscarriage as can be ascertained as the cause. American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train— "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; nephritis, etc. The contributory Always qualify all

V. S. No. 1

	PLACE, OF DEATH	STATE OF MARYLAND
	Country Farford	CERTIFICATE OF DEATH
	A /	. 6 1
	Hand h	Registration Dist, No. 18-3
	Village or City Well Marino.	St.: Ward) (If death occurred in a hospital or institu-
3	73	tion, give its NAME in- stend of street and
2	2FULL NAME JEN. John	number.)
\ B	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
-	3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
2	MARRIED, WIDOWED.	Feb. 14 1930
20	Mall Black OR DIVORCED (Write the word)	(Month) (Day) (Year)
2	6 DATE OF BIRTH	17   I HEREBY CERTIFY, That I attended the deceased from
0	Inknown	TH 400 1980 10 TH 14 , 1980.
2	(Month) (Day) (Year)	that I last saw h Malive on, 192,
2	7 AGE   If LESS than	and that death occurred on the date stated above, at
10	about 35 Man, I day hrs.	The CAUSE OF DEATH * was as follows:
	yrs. mos ds. or min.)	
D	(a) Trade, profession or	Orgoniz Cuncales
	particular kind of work	Februarian
4	(b) General nature of industry business, or establishment in	(Duration) #6. mos. ds.
1	which employed or (employer)	( 2 0
2	9 BIRTHPLACE (State or country)	Contributory Secondary
	(state of country) milenous	(Dyntian) ytsds,
2	10 NAME OF	(Signed) The Slacine P. M. D.
-	FATHER Univious	The said of the said of
0	OF FATHER	1923 (Address) / Letter death from
	Z (State or country) My Wow	*State the Disease Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	T 12 MAIDEN NAME OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE	ients or Recent Residents)
	OF MOTHER	At place in the of death yrs mos. ds. State yrs mes.
	(State or Country)	Where was disease contracted,
5	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) Passon Me Very	usual residence
	I de Sa	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) / Tarreac Frace/Ma.	St James Cem Jeh 14, 1930
5	15 July 15 a le 1 fo m)	20 UNDERTAKER ADDRESS
	Filed Oll. 15, 1900 10 has y. Joley. H.D. Registrar	IT Madroon Willelill Non 18 / Ban
		, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
1	it more bianks are needed, address state Kegistrar	1 to the marked of married and married to of the st

WITHIN CORPORATE LIMITS OF 17 9 .

(Approved by U. S. Census and American Public Health Association.)

Spinner, state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. en at home, who are engaged in the duties of the er," etc., without more proving all mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-laborer, Farm laborer, the duties of the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Foreman, or At Home, and children, not gainfully em-For many occupations a yrs). (b) Cotton mill; (a) Salesman. For persons (b) Automobile factory. The material If the occupation has been changed who have no occupation single word or term on (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: \*Crebrospinal fever\* (the only definite synonym is "Epidemic cerebrospinal meningitis"); \*Diphilieria\* (avoid use of "Croup"); Typhoid fever\* (never report "Typhoid Pneumonia," \*Lobar pneumonia, Bronchopncumonia\* ("Pneumonia,");

carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonilis, diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS State MEANS OF INJURY can be ascertained as the cause. Always qualify all "Uraemia, " "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, Whooping ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal conding cough; Chronic valvular heart disease; interstitial nephritis, etc. The contributory or intercurrent) affection need not be ess important. Example: Measles (disease Committee on Nomenclature

PLACE OF DEATH

38

PARTICULARS

KNOWLEDGE

MARRIED. WIDOWED.
OR DIVORCED
(Write the word)

(Day)

#### 15068 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
LARS	MEDICAL CERTIFICATE OF DEATH
Bant.	18 DATE OF DEATH 7 1930 (Month) (Day) (Year)
, 1228 (Year)	that I last saw h & salive on Dec 6, 1920
If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at 2 m.  The CAUSE OF DEATH * was as follows:
	Justic Encephalitis
	Contributory Secondary
	(Signed) Willard R Audsoy M. D.  (Signed) Willard R Audsoy M. D.  (Signed) Willard R. Audsoy M. D.
	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
DGE	At place of death
Ros	Former or usual residence
<u> </u>	Tahernach Cene Col.) Dec. 10 , 1080
ILLS Registrar	Howledges & Genson. Benson.  Howledges & Gross. Benson.
	AR W. C. A. C. D. La. D

If more blanks are needed, address thate Registrar, 16 W. Saratoga St., Balto., Requesting

No. 1



(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-," etc., report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day 6 Grocery;

Statement of Cause of Death—Name, first, the bisable causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease dianus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, American Medical Association.) approved by Committee on (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi Chronic valvular heart disease; etc. The Nomenclature of the contributory

	PLACE OF DEATH WITHIN CORPORATE LIN	STATE OF MARYLAND CERTIFICATE OF DEATH
	lage or City Holdsce (No. 2	Registration Dist. No. / 55
	2FULL NAME Charles Jol	tion, give its NAME i stead of street arnumber.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 S	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH
6 D	DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased fro
	(Month) (Day) (Year)	that I last saw h Ade alive on 25 192
7 A	GE If LESS than I day hrs.	and that death occurred on the date stated above, at
(a	CCUPATION a) Trade, profession or Labor articular kind of work	ardisa Decompensation
bu	b) General nature of industry usiness, or establishment in hich employed or (employer)	(Durstion) yrs. mos.
9 BI	(State or country) Virgina	Contributory Secondary  Duration  yes mos
	10 NAME OF FATHER William Johnson  11 BIRTHPLACE	(Signed). M. M. 129 L (Address) 74 L Grace M.
ENTS	OF FATHER (State or country) Urquia  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Wielent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAR	OF MOTHER Welle Jones.  13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
1	OF MOTHER (State or Country) (State or Country)	At place of deathyrsmosds. In the Stateyrsmos  Where was disease contracted,
14 T	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	il not at place of death?  Former or usual residence
	(Address) Halsure and	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  County Bens. 29, 19 3
15	Filed Jan. 29 1980 Chas J. Foley Mr.	20 UNDERTAKER ADDRESS A

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Plunter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Grocery,

Statement of Cause of Death—Name, first, the DISE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of death American Medical Association.) approved by Committee on Nomenclature of the letanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicuomia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences 'e.g., sepsis, carbolic acid—probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondar, or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic valendar heart disease, Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is loss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse." "Coma," "Convulsions, Measles;

Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ANENT DING FOR Y, WITH UNFADING INK--THIS IS MARGIN RESERVED

PLACE OF DEATH	08505 STATE OF MARYLAND
	STATE OF MARTLAND
County Harlard.	G-D CERTIFICATE OF DEATH
N COR	Registration Dist. No. 185
Village or City Haves de Grace (No	Sta: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
FOLL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
mala.  4 COLOR OR RACE SSINGLE, MARRIE MIDOWEDIA COR DIVORCED OR DIVORCED (Write the word)	(Month) (Day) (Year)
Oct. 26, 18/9	not 19 9 192 to July 13 1927
7 AGE (Month): (Day): (Yeal)  1 day hrs.	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession or Sold Reeling	arterio Xeleros
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrs
9 BIRTHPLACE (State or country)  Maryland.	Contributory Secondary  Divarions yrs
FATHER Julknown	(Signed) M. D. 1927, (Address) J.
OF FATHER (State or country)  January	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER CHERONS:	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country). Laure	At place of death
(Informant) Hoskelal Records.	if not at place of dea.h?  Former or usual residence
(Address) Harre De Grace Ver	Rock Skup Ceur, July 6, 19.30
15 Filed July 13, 1930 Chas. J. Foley. M.A. Registras	Tom le de V Sons Do war
if more blanks are needed, addre.s State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

N. B.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH en at home, who are engaged in the duties of the er," etc., Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Former (re-Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At sehool, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-(b) Cotton mill; (a) Salesmon, without more precise specification as Day For persons who have no occupation -Coal mine, etc. (b) Grocery

Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Careinoma, Soreoma, etc., of ...... (name origin; "Cancer" is less definite; avoid eorbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. can be ascervament as well diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronehopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; approved by telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS STATE MEANS OF INJULY Committee on Nomenclature of the Chronic valvular heart disease; nephrilis, etc. The contributory

PLACE OF DEATH	(510 STATE OF MARYLAND
County 4 affect	CERTIFICATE OF DEATH
E	Registration Dist. No. 182
Village or City Www Or City No.	St.: Ward) (If death occurred in
2FULL NAME John Ruben	A hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mahr Mulu Single, Married, Wildowed, Warred (Write the word)	16 DATE OF DEATH 29, 192 30 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Mylhown 1869	1921 . to fell 29 , 1923
(Month) (Day) (Year)	that I last saw h alive on fau 75 , 19230
7 AGE [IfLESS than	and that death occurred on the date stated above, at 4.45 2m.
1 dayhrs.	The CAUSE OF DEATH * was as follows: Patient either vanited
0/ yrs. m6s. ds. or min.?	or coughed up several quarte of blood, and was
8 OCCUPATION (a) Trade, profession or	Af found dead in the morping cutso?
particular kind of work Tarm (111)	samurortogy fullings:
(b) General nature of industry business, or establishment in	manth Dales I
which employed or (employer)	nondulgeous Duration) yrs mos ds.
9 BIRTHPLACE (State or country) Manulewol	Secondary Store The Cardelles,
10 NAME OF	1 / Deven
FATHER FLORGE Thurson	(Signed) M. D. Holy & Oth Fold Francis
0 11 BIRTHPLACE	1920 (Address)
OF FATHER (State or country)  12 MAIDEN NAME  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER MINING	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents)  At place In the of deathyrsmosds.
(State or Country)	Where was disease contracted, if not at place of dea.h?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) Mary America	usual residence
(Address) Butain Rb	mt Carnel Mc Queler . Date of BURIAL
15 File Jan 30 1980 ME Richardson Registrar	20 UNDERTAKER Emworlish MIN ADDRESS WHUTCHER MENSON MIN
If more bianks are needed, address State Registrar,	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtion applies to each and every person, irrespective of household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The materia For many occupations a single word or term on without more precise specification as Day (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) (Recommendations on statement of cause of death approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by taken. For VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritoritis, diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Whooping cough; use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Chronic etc. The contributory valvular heart disease; not be

N. B.-Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD ANENT WITH UNFADING INK-THIS IS A PE MARGIN RESERVED FOR WRITE V. S. No. 1

	PLACE OF DEATH County Autoral	STATE OF MARYLAND CERTIFICATE OF DEATH
ilicato.	WITHIN CORPORATI	Registration Dist. No. 185
	Village or City Annede Accord States Lee	St.: Ward)  (If death occurred in a hospital or institution, give Its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Dack of	Male Which Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH
0110	December 15, 1976 (Month) (Day) (Year)	that I last saw haralive on 20 30 1920
	7 AGE    If LESS than   day hrs. or min.?	and that death occurred on the date stated above, at 5 35 m.  The CAUSE OF DEATH * was as follows:  Which to determine the ford causing personning.
	a) Trade, profession or particular kind of work	Probable Food Poroning
	(b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)	Contributory Andrew Failcare Secondary
	10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  (State or country)	(Signed)  (Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
	12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  MATCH. Carolina	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.  In the Stateyrsmosde.
	(Informant) Ker James Johnson	Where was disease contracted, if not at place of dea.h?
	(Address) (Address) (Filed Dle, / 1989 blesles J. Foley Mrs. Registrar	Lapus Cemetry De 2, 1930 20 UNDERTAKER ADDRESS Henry Jarring Sons Chlodien Mod
	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housefulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the er," etc., Without more proven Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enworked on may form part of the second statement. For many occupations a single word or term on without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia, ""Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsia, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train. or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH 1 assified Registration Dist. No. (If deeth occurred in Village or City Ward) a hospital or institution, give its NAME it -0 stead of street and stated PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE. COLOR OR RACE 3 SEX 16 DATE OF DEATH MARRIED. WIDOWED may be OR DIVORCED b Write the word) (Month) (Day) That I attended the deceased 6 DATE OF BIRTH instructions that (Month) (Day) (Year) IIf LESS than 7 AGE and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH \* was as follows: ed terms ESERVED (a) Trade, profession or particular kind of work ā (b) General nature of industry O business, or establishment in UNFADING which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country 7 10 NAME OF (Signed) 3 LL nor 0 9 BIRTHPLACE S IN Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. CON OF FATHER (State or country 20 12 MAIDEN NAM Hospitels, Institutions, Trens-OF MOTHER 18 LENGTH OF RESIDENCE (For nform state CCUP/ ients or Recent Residents) 13 BIRTHPLACE In the At place of death OF MOTHER (State or Country 00 Where was disease contracted, if not et plece of dea.h?.. 3 ō sho Former or usuel residence Every it CIANS stateme DATE OF BURIAL PLACE OF BURIAL OR REMOVAL (Address 20 UNDERTAKER ADDRESS If more bianks are needed, addre-s State Registrar, 16 W. Seretoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planler, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed " etc., without more precise specification as Day Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material Compositor, Architect, Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway train-Whooping cough; perilonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condi-Chronic etc. The valvular heart disease; contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

1930

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. busine -, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, tion applies to each and every person, irrespective of Foreman, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on Locomolive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonilis," etc. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of stated unless important. ..... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, eurbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) letunus) may be stated under the head of "contributory." Examples: A ceidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY (secondar) or intercurrent) affection need not be Chronie interstitial nephritis, Whooping cough; Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease etc. The contributory valvular heart disease;

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in piain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD B LING PERMANENT

OR	IS A	ACS the
MARGIN RESERVED FOR	G INKTHIS I	efully supplied.
MARGIN	WRITE I MET, WITH UNFADING INK-THIS IS A	N. Br-Every item of information should be carefully supplied. ACE CIANS should state CAUSE OF DEATH in plain terms so the
1	NEY, W	of informatio
V. S. No. 1	- WRITE	Bracevery item
٧.		ž

1PLACE OF DEATH	05636
PLACE OF DEATH	STATE OF MARYLAND
County Harbord	CERTIFICATE OF DEATH
20	Registration Dist. No. / 8
Village or City hurchvillo Inf	St: Ward) (If death occurred in a hospital or institution, give its NAME in-
2 FULL NAME John G. Johnson	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED Midowell WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH May 24, 19830
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
august 30 . 1873	May 2 190 1 to May 2 4 , 1950
(Month) (Day) (Year)	that Wast saw h Manalive on May 21, 1930,
7 AGE   If LESS than	and that death occurred on the date stated above, at 12 / S Gam.
5 6 yrs. 9 mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or	
particular kind of work  (b) General nature of industry	angina Moloris
business, or establishment in	(Duration) yrs. mos/ 4 ds.
which employed or (employer)	Contributory
BIRTHPLACE (State or country)	Secondary
1 10 NAME OF 20	(Duration) yrs mos ds.
FATHER Chass B. Shreston	(Signed) M. D.
0 11 BIRTHPLACE	Muy J. 4.192 Address) Metally 104
(State or country) Vinginia	*State the Disease Causing Death, or, in deaths from Yolent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
E 12 MAIDEN NAME	B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
of MOTHER and J. Arrapasture.	ienta or Recent Residents)
OF MOTHER 7 9.	At place of deathyramosds. In the Stateyrsmosds.
(State or Country) / Logarda  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Det In il al. I to	Former or usual residence
(Informant) Miss. Mildred Amston	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Bel liv Int. B. F.D #1	Christe Genetary May 26. 1930
15 Filed Way 76 19231 Of Muchael	20 UN DERTAKER ADDRESS
Registrar	Henry Jarring Stons werden no
If more branks are needed, address State Registrar	, 16 W. Sarat ga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a etc., Foreman, (b) Automobile factory. The material ciun, Compositor, Architect, Locomotive engineer, cngineer, Stationary fireman, etc. But in many For many occupations a single word or term on yrs). Farm laborer, Laborerwithout more precise specification as Day who are engaged in the duties of the For persons who have no occupation (a) the kind of work and also (b) the -Cool mine, etc. (6) Grocery; Wom-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospupal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease "PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. tions, such as "Asthenia," "Anaemia" (merely symptom-utic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Mcasles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping approved by as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Committee on Nomenclature Chronic valvular heart etc. The contributory death

1	HYSI- Exact	PLACE OF DEATH	10478 STATE OF MARYLAND
	TX )	County Harford	CERTIFICATE OF DEATH
	99	OLI OLI WITHIN CORPOBATE	Registration Dist. No. 185
	7 =	WHE CON HILL A WILL IN	
ORD	ass te.	Village or City Hally (No	St.: Ward) a hospital occurred if a hospital or institution, give its NAME in
	riy ol	2FULL NAME George F. Joh	stead of street and number.)
-	ate ope ceri	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Z Z	pr of	3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
NAN	d be	Mule who to WIDOWED withouser OR DIVORED (Write the word)	(Voush) (Pau) (Vous)
KY KY	ouid may n ba	6 DATE OF BIRTH	(Year) (Y
D G	sh it	Decen land 31 1879.	fleft) 26 1930 to 1 the 28, 1030
œ <	CE hat long	(Month) (Day) (Year)	that Plast saw basealive on Staff 28, 1983.0.
IS IS	A to	7 AGE    If LESS than	and that death occurred on the date stated above, at 30, m.
IS	ed.	5'7 yrs. 8 mos. 27 ds. or min.?	The CAUSE OF DEATH * was as follows:
TH	erm e in	BOCCUPATION , MIDS. MIDS. MIDS.	Praimans Conquianto
& 1	sur n te See	(a) Trade, profession or Dus Druw	flaging am an fromula
SE	piai	(b) General nature of industry	PD of B
E S	tar tar	business, or establishment in which employed or (employer)	J. V. J. trus according Duration) yrs. mos. /2ds.
Z	TH	9 BIRTHPLACE	Secondary Secondary
RG!	EA	(State or country) New Gersen	(Duration) yrs mos ds. ds.
MAR	F D	10 NAME OF FATHER OF A MARCH OF THE PROPERTY O	(Signed), ( trustes I toling M. D.
Z	SOS	11 BIRTHPLACE	Charles (Address) Hamely bearing
VIT	ISE ISE	C (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
>	CAU	W 12 MAIDEN NAME	Accidental, Sulcidal or Homicidal.
Ti de	rmg Fe PA	of MOTHER Cherk Neill.	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
100	inform state ccupA	13 BIRTHPLACE OF MOTHER	At place In the of death yrs mos ds State yrs mos ds
	- TO	(State or Country). Marylands	Where was disease contracted.
ш	- 0	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
WRIT	sh	(Informant) Miss. Marcefuller	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
3	INS terr	(Address West Mout. n. 9.	0 0 0 0 1 1 3
angua	Every item CIANS sho statement		20 UNDERTAKER ADDRESS
2	1	Filed Sept. 28 1930 Charles & Folly Registrar	A who who was
2	ż	· · · · · · · · · · · · · · · · · · ·	, 16 W. Saratoga St. Balto., Requesting V. S. No. 1.
	- 10	If there plants are necess, address clare Negistral	,

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefere an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits ean be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Further (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Housemuid, etc. If the occupation has been changed For many occupations a yrs). Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Crous"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia");

"Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonueum, etc., Careinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septionemia," "PUERPERAL perilonitis, "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. Then ture of the injury, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping cough; Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death "Atrophy" "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be Chronic valvular heart disease; Example: Measles (disease etc. The eontributory

V. S. No. 1

N. B.

	06771
PLACE OF DEATH	STATE OF MARYLAND
County Harbard	CERTIFICATE OF DEATH
	Registration Dist. No. 182
Village or City Gounty Homeso. Belling.	St.: Ward)  St.: Ward)  (if death occurred in a hospital or institution, give its NAME instead of street and number.)
2FULL NAME Denj, one	To the second se
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, Wildows D. OR DIVORCED (Write the word)	16 DATE OF DEATH 29 , 19230 (Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That hattended the deceased from
/ (Month) (Day) (Year)	that I last saw h W alive on
TAGE  Obout 80 yrs. mos. de. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work  (b) General nature of industry pusiness, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Md	Contributory Secondary  Duration  Vis
10 NAME OF Unknern	(Signed) Chas Richarder M. D.
OF FATHER (State or country) Unknown	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER When	18 LENGTH OF RESIDENCE (For Hospitals, Inetitutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country)  (State or country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Warl Fetzpealrech	Former or usual residence
(Address) Bela md	Courte House Aune 30, 1930
Filed July 30 19/30 Virginia & Chambers	Dean Tola Belan med
If more blanks are needed, addre. Ltate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealor At Home, and children, For many occupations a single word or term on yrs . Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the not gainfully em-

Statement of Cause of Death—Name, first, the his-EARTH (The primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspinal fuver (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fover (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Whooping cough; Chronic valualar heart disease; Chronic interstitial nephrilis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (mcrely symptom-(secondary or intercurrent) affection need not be American Medical Association.) approved by (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Committee on Nomenclature etc. The contributory Always qualify all

HYSI-PLACE OF DEATH WITHIN CORPORATE LIMITS OF 511 STATE OF MARYLAND CERTIFICATE OF DEATH EXACTLY, P Registration Dist. No. (If death occurred in St.: Ward) a hospital or Institucate. tion, give its NAME in-stead of street and number.) certifi properi PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 STINGLE 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. MA pe WIDOWED. OR DIVORCED may pinous Write the word (Month) I HEREBY CERTIFY, That I attended the deceased from instructions that 111 (Month) (Day) (Year) U 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH \* was as follows: terms See (a) Trade, profession or particular kind of work a (b) General nature of industry business, or establishment in which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) DO (Duration) 10 NAME OF OG 14, 0 SP OF FATHER \*State the Disease Causing Death, or, in SO Violent Causes, state (1) Means of Injury (State or country) CAU TIO Accidental, Suicidal or Homicidal, 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-Inform state CCUP/ ients or Recent Residents) 13 BIRTHPLACE At place of death ......yrs......mos......ds. In the OF MOTHER 0 O Where was disease contracted, of shoul if not at place of death? Every item CIANS sho statement of item Former or DATE OF BURIAL Registrar If more bianks are needed, address State Registrar, 16 W. Saratoga St., Barjo., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Furmer (re or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid. etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation 6 Grocery,

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted that for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. Example: Measles (disease atic), "Atrophy." "Collapse." "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," American Medical Association.) telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or misearriage as "PUERPERAL \*\*epticaconia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Browchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY "Uraemia," "Weakness," etc., when a definite disease (secondar or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory ..... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-

	STATE OF MARYLAND
County Harford	CERTIFICATE OF DEATH
1. 4.2.	Registration Dist. No. 187
Village or City Whitest (No.	St.: Ward) (If death occurred in
2 FULL NAME PROZENCE May, So	a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
Terrale While (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERT) FY, That I attended the decensed from
nov. 24, 1904	Trope and for 126.
(Month) (Day) (Year)	that I last saw h 7 alive on 5 10 10 , 1970 ,
	and that death occurred on the date stated above, at
26 yrsmos. / 7 ds. ormin.?	The CAUSE OF DEATH * yas as follows:
BIOCCUPATION	
(a) Trade, profession or particular kind of work	The state of
(b) General nature of industry	The state of the s
business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
1401	(Duration) yrs., mos., de.
John V Delechlow	(Signed).
OF FATHER	1920 (Address)
Z (State or country)	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
E 12 MAIDEN NAME	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trens- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or country)	of deathyrsmosda, Stateyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
No. (1) Varana	Former or usual residence
(Informant) Almey W. At Med	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Theleful (MC)	Stated water Courts Dep. 14. 1930.
15 Filed Dec 13 19200 H. J. D. Inchable	20 UNDERTAKER ADDRESS
Registrer	LI LING IN IN IN IN

(Approved by U. S. Census and American Public Health Association.)

er," etc., tired 6 yrs). state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enen at home, who are engaged in the duties of the laborer, worked on may form part of the second statement. Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material (6) The ques-Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," American Medical Association.) approved by carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonilis, "Inanition," "Marasmus," "Old Age," "Shock, as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. causing death), 29 ds.; L. (secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as cough; Committee on Chronic Example: Measles (disease chopneumonia (secondary), The nature of the injury, etc. affection need valvular . heart Nomenclature Always qualify all The contributory not be disease;

(Duration) ... Contributory. Secondary (Duration) ...... \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal, 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place In the State, ..... yre. ..... moe..... of death .... yrs..... mos..... da. Where was disease contracted, if not at place of death?..... BEST OF MY KNOWLEDGE usual residence. DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER DDRESS Registrar

" more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S.

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institution, give its NAME in-

number.)

(Day)

St.:.... Ward)

MEDICAL CERTIFICATE OF DEATH

(Month)

I HEREBY CERTIFY. That I attended the deceased

PLACE OF DEATH AND STATISTICAL 16 DATE OF DEATH 3 SEX MARRIED, Merce OR DIVORCED (Write the word) (Month) (Day) (Year) and that death occurred on the date stated above, 7 AGE If LESS than day .... hrs. OCCUPATION (a) Trade, profession or particular kind of work ...... (b) General nature of industry business, or establishment in which employed or (employer)..... 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ۲ OF FATHER Z (State or country 2 12 MAIDEN NAME 4 13 BIRTHPLACE OF MOTHER (State or country



(Approved by U. S. Census and American Public Health Association.)

ERTIFICATE OF DEATH

tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Furmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school or Al home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enen at home, who are engaged in the duties of the er," etc., Worked on may form part of the second statement. Never return "Labover," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; honsehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laboreradditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the should be used only when needed. As examples: (a) cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Plunter, (a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary firemen, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the mist have causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlucria (avoid use of "Cronp"); Typhoid fever (never report "Typhoid pneumonia")." Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

the certificate is permanently filed.

flong answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before

If this certificate is looked over thoroughly and all ques-Nomenclature of the American Medical Association.) head of "contributory." quences (c. g., sepsis, letanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by curbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental deoccuing; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or State cause "PUERPERAL seplicuemia." "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanition," "Marasunus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse;" conditions, such as "Asthenia," "Anacmia" ary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Measles "Dropsy," "Exhanstion." "Heart failure." "Haemorvulsions," cansing death), 29. ds.; Bronchopneumonia (secondary or intercurrent) affection need not be Chronic interstilial nephrilis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; ...... (name origin; "Cancer" is less definite; avoid inges, perilonueum, etc., inqualified, is indefinite); Tuberculosis of lungs, men Whooping cough; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Seulle," ctc.), for which surgical operation was under-Chronic valvular heart disease; Carcinoma, Sarcoma, etc., of (Recommendations on state-"Соша," "Соп-(second-(disease (merely

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enlaborer, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (6) Automobile factory. The material (6) engineer, Grocery;

Statement of Cause of Death—Name, first, the Disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaenia" (merely symptomstated unless important (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid—probably suicide. Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; L. Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; " "Marasmus," "Old Age," "Shock, Committee on Nomenclature Chronic Example: Measles (disease chopneumonia (secondary), The nature of the injury, etc. The contributory affection need valvular heart disease; not be

PLACE OF DEATH WITHIN CORPORATE LI	STATE OF MARYLAND CERTIFICATE OF DEATH
11 -11 - 1	Registration Dist. No. 185
Village or City Hawreh Marrace	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME // WWW 1	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Remale White (Write the word)	16 DATE OF DEATH 7-6, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH March 20, 1872	17 HEREBY CERTIFY, That I attended the deceased from 1929 . to 1929
(Month) (Day) / (Year)	that I last saw hall alive on file 7 19830,
7 AGE    If LESS than   day hrs.   or min.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or Hauseworks	Admifilegia
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) To To mos de.
9 BIRTHPLACE (State or country)	Contributory (action) Talling Secondary  (Duration) yrs mos 13 ds.
10 NAME OF FATHER James T, Knight	(Signed) Tolin M.D.  2 5 1970 (Addres) January and Leading
OF FATHER Z (State or country) M q	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Marcha J.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Mary Land	At place In the State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant Leonard Jones	Former or usual residence
(Address #6/grun St. Haurely	au Darlington Cin Leb. 7, 130
Filed 2/5 1970 hunter & Tologhe Registrar	H. S. Bailey Marlington
If more branks are needed, addre. a tate Registrar,	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Md,

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tircd 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return" Laborer,"" Foreman,"" Manager," Dealwhatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) (Recommendations on statement of cause of death approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; nephritis, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1930

13855

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 18

St.: Ward) (If d

) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

#### MEDICAL CERTIFICATE OF DEATH

		_ 0	
8 DATE OF DEATH	yor	27	1923)
***************************************		(Day)	
17 I HEREBY CE	7		
6-2-12-	1930 . to 1	r 26	19237,
hat I last saw h	ive on M.	2:6"	, 1923 7,
nd that death occurred	on the date stat	ted above, at	2 30 Pm.
The CAUSE OF DEATH *			
			·····
( and	= 7 1	1	K
	A		
		. ****,********************	4
	(Duration)	yrs,1	nosds.
Contributory Secondary	*(		
	(Durstion)	y15	mosds,
Signed)	266	Dester	15- M.D.
	ddress) Oa	- de	1 mil
*State the Disease Violent Causes, state Accidental, Suicidal or H	Causing Dea (1) Means of omicidal.	th, or, in di	aths from ) Whether
8 LENGTH OF RESIDE		spitals, Institu	tions, Trans-
At place f deathyrsmos	ds.	the Stateyrs	mosds.
Where was disease contracted not at place of death?	d,		
ormer or sual residence	ys ; ; a.a.c. a o a a v tha <b>apteacaid</b> are d <b>iff</b> this		** ** ** ** ** ** ** ** ** ** ** ** **
PLACE OF BURGO	BEMOVAL	PATE OF	29 13 0

If more blanke are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (r or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken laborer, Spinner, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation Laborer-Coal mine, etc. (6) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar preumonia, Bronchopneumonia ("Pneumonia,"

telanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," American Medical Association.) approved by (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as 10 ds. Never report mere symptoms or terminal condistated unless important inges, perilanaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions," FOR VIOLENT DEATHS State MEANS OF INJURY Committee on Nomenclature Chronic Example: Mcasles chopncumonia (secondary), etc. The valvular heart disease; Always qualify all contributory (disease

MARGIN RESERVED FOR BINDING

S No. 1

PLACE OF DEATH	UDI STATE OF MARYLAND
County Hanfind	CERTIFICATE OF DEATH
O	Registration Dist. No. / 8.2
Village or City Modorma (No	St.: Ward)  (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Ou 16 , 1930 (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from 1 G 1950 to 16, 1950 that I last saw har alive on 16, 1850
7 AGE Stand   If LESS than   I day hrs.   ds. or 15 min.?	The CAUSE OF DEATH * was as follows:
© OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	longer pressure of the infant's feed against a rigid perineum in thoughouse of violant contrag contraga contrag
10 NAME OF FATHER Harding Kaller  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER POCKSON  13 BIRTHPLACE OF MOTHER  15 BIRTHPLACE OF MOTHER  16 MOTHER  17 MAIDEN NAME OF MOTHER  18 BIRTHPLACE OF MOTHER	(Signed)  Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Action to the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Action to the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.  (Signed)  (Sign
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) M May white wille  (Address) Family Wille  15 File Jan 16 1980 M. C. Richardson	Where was disease contracted, it not at place of deah?  Former or usual residence  19-PLACE OF BURIAL OR REMOVAL  MADOMA J. 1920  20 UNDERTAKER  ADDRESS
Registras  If more b.anks are needed, addre.a htate Registra	ar, 16 W. Saratoga St., Balto., Lequesting V. S. Ivo. 1.



(Approved by U. S. Census and American Fublic Health Association.)

sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocployed, as At school, or At home. Care should be taken should be used only when needed. As examples: (a) additional line is provided for the latter statement; it tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEAFIL Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. Foreman, For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on (b)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia");

rapproved by Committee on Nomenclature of the "Uraemia," "Weakness," etc., when a definite disease (secondar/ or intercurrent) affection need not be st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E.:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. American Medical Association.) (Recommendations on statement of cause of death telapus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic etc. The contributory Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1930

HYSI-Exact

If more bianks are needed, address State Registrar, 16 W. Saratoga M., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (re-," etc., Foreman, or At Home, and children, not gainfully em-For many occupations a Farm laborer, Laborer-Coul mine, etc. Wom-(b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation single word or term on

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> diseases resulting from childbirth or miscarriage as "Puerperal septionemia," "Puerperal peritonitis," etc. atic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondar; or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitiol nephritis, etc. The contributory American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-.. (name origin; "Cancer" is less definite; avoid

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the all data is essential and must be obtained before the certificate is permanently filed.

	0513
County Harlo	STATE OF MARYLAND CERT!FICATE OF DEATH
11 101 11	Registration Dist. No. 185
Village of Chit re de Laterno. Haz	St.: Ward)  (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single, MARRIED, WIDOWED.  White the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from AM 2 6 192 6 to AM 3 1 197 6  they I last saw h Valive on Qan 31, 197 6
7 AGE    If LESS than   I day hrs.   or min.?	and that death opcurred on the date stated above, atm The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Covelral tumos, no autopsy
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) Could Oz. da
9 BIRTHPLACE (State or country) . The	Contributory Secondary  Dyration yrs
10 NAME OF JUM Lewis Kelly	(Signed) M. D. M.
OF FATHER Z (State or country)	*State the Disease Causing Death, or, In desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Cach Flower.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transionts or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs. mos. ds, State yrs. these State yrs.
(Informant) Is true to the Best of MY KNOWLEDGE	if not at place of death?  Former or usual residence
(Address) Havre de Grece MI.	Francisco of Burial OR REMOVAL DATE OF BURIAL Francisco De 19 20 3 , 1920
Filed Tel. 3, 1930 then J. Foly . D. S. Registrar	Madson Michell Navede Grace
If more bianks are needed, address State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housetired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, ployed. as At school, or At home. Cure should be taken Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomolive engineer, business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-" etc., Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery,

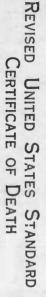
Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: \*Cerebrospinal fever\* (the only definite synonym is "Epidemic ecrebrospinal meningitis"); \*Diphtheria\* (avoid use of "Croup"); \*Typhoid fever\* (never report "Typhoid Pneumonia"); \*Lobar pneumonia, Bronchopneumonia\* ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY (secondary Chronic interstitial nephritis, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi cough; or intercurrent) affection need not be Chronic valvular heart disease, Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

N. B.-Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PKYSING CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact CORD MARGIN RESERVED FOR BUNG
NET, WITH UNFADING INK--THIS IS A PERMANENT WRITE V. S. No. 1

PLACE OF DEATH  County Harford, WITSIN CORPORATE LE	STATE OF MARYLAND CERTIFICATE OF DEATH
2 FULL NAME Sorale & Kell	Registration Dist, No.  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jeptenler 4, 1884  (Month) (Day) (Year)	16 DATE OF DEATH  (Menth) (Day) (Year)  17  I HEREBY CERTIFY That I attended the deceased from 20, 1930, to 21, 1930, to that I last aw h evalue on 21, 1939,
7 AGE  4 5 yrs. // mos. 16 ds. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Secondary Quration) yrs mos ds.
11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER  (State or Country)  13 BIRTHPLACE OF MOTHER  (State or Country)  14 MAIDEN NAME OF MOTHER OF MOTHER (State or Country)	(Signed) M. D.  State the Disease Causing Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs
(Informant) Joseph Kelly (Address) Hove de brace ned  Filed Clug 22, 1930 Chas. J. Foley. M.S., Registrar	Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER  ADDRESS  FULL LANGE OF BURIAL  ADDRESS



(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken laborer, Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, first line will be sufficient, e. g., Farmer or Plunter, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation -Coal mine, etc. Wom-Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septionemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved uccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "Uruemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi by Committee on Nomenclature or intercurrent) affection need not be ('hronic valvular heart disease; etc. The contributory Measles;

If this certificate is looked over thoroughly and a l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE

PLACE OF DEATH	02122 STATE OF MARYLAND
County Harris	CERTIFICATE OF DEATH     Registration Dist. No. /84
Village or City Whater (No	St.: Ward)  St.: Ward)  A hospital or institu- tion, give its NAME ir- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE MARRIED WIDOWS D. WORLD OR BY DRICED (Write the word)	16 DATE OF DEATH 7. 19230
6 DATE OF BIRTH  AUV 15 , 1929	17 I HEREBY CERTIFY, That I attended the deceased from  Feb. 1923.0. to 7.ch. 12 , 1923.0, that I last saw h in alive on Feb. 1.2 , 1928.0,
7 AGE (Month) (Day) (Year)  7 If LESS than l day	and that death occurred on the date stated above, atm.
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Log Brofilia J Prefusion (Duration) vrs. mos. ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER	Contributory Secondary  (Duration) yrs. mos. ds.  (Signed) F E Orthur M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Mildred Harman  13 BIRTHPLACE OF MOTHER (State or country)	IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.
(Informant) The Best of MY KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or usual residence  19 DATE OF BURIAL OF REMOVAL DATE OF BURIAL
(Address) Whileful Md  15 Filed Filb. 14- 1930 ) 6- S. McMaff Registrar	20 UNDERTAKER LANGE TO THE TOTAL TOT
4	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from fulness of various pursuits can be known. work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the laborer, Never rcturn "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, (b) Automobile factory. The material Locomotive engineer, The ques-Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> stated unless important approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL scpticaemia," "PUERPERAL perilonitis," etc. "Inanition, "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congcnital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; 1. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. (secondary or intercurrent) Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid " "Marasmus," "Old Age," "Shock," Chronic Example: Measles (disease chopneumonia (secondary), etc. The contributory affection need valvular heart Always qualify all not be disease;

If this certificate is looked over thoroughly and all questions abswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	ounty A S	rford	***********************	****	
Vill		Jarre			
		L NAME			
3 8	EX	1 COLOR O		E CINCII II	. Widowed
F	emale	White	,	WIDOWE OR DIVO (Write the	I) RCED
6 1)	ATE OF BIR	TH	7. 7		
		Apr	(Month)	4 18	
A	TE .		(Month)	(Day	) (Year)
		65yrs	1	1 13	dayhrs.
3 (:	CCUPATION  a) Trade, prof	fession or		No	ne
2 12	Ceneral na	ture of indust			
w	usiness, or ex hich employe	stablishment ed or (employ	in		***
w	usiness, or c	stablishment ed or (employ	in ver)		
b	usiness, or exhich employed	stablishment ed or (employ ountry)	in ver)		
w B	usiness, or e- chich employed IRTHPLACE (State or c	stablishment ed or (employ ountry) or R	Harfo		Md •
W S I N	usiness, or e- hich employe IRTHPLACE (State or c  10 NAME 0 FATHEI  11 BIRTHE 0F FAT (State	stablishment sed or (employ ountry)  OF NA  PLACE HER  or country)	Harfo	rd Co,	Md. Hesps
ARENTS	usiness, or conhich employed IRTHPLACE (State or continued of the continue	stablishment sed or (employ ountry)  OF NACE HER or country)  Y NAME	Harfo thani	rd Co,	Md. Hesps
W S I N	usiness, or e- hich employed IRTHPLACE (State or c  10 NAME 0 FATHEI  11 BIRTHF OF FAT (State  12 MAIDEN OF MOT  13 BIRTHP	stablishment : ed or (employ ountry)  DE R  Na PLACE HER  NAME HER  PLACE HER	Harfo thani Harfo ebecc	rd Co, el B. rd Co, a Str	Md. Hesps
PARENTS	usiness, or e- hich employe IRTHPLACE (State or c  10 NAME 0 FATHEI  11 BIRTHF OF FAT (State  12 MAIDEN OF MOT (State	stablishment sed or (employ ountry)  OF NA PLACE HER OF COUNTRY)  S NAME HER R	Harfo thani Harfo ebecc	rd Co, el B. rd Co, a Str	Md. Hesps
PARENTS	IS BIRTHPOF MOT  State ABOVE	ountry)  OF Na PLACE HER OF COUNTRY)  S NAME HER  PLACE HER OF COUNTRY)  IS TRUE TO  Charle	Harfo thani Harfo ebecc Mary THE BES	rd Co, el B. rd Co, a Str. land rof My I	Md. Hesps Md. Wbridge
PARENTS	IS BIRTHPOF MOT  State ABOVE	ountry)  OF Na PLACE HER OF COUNTRY)  S NAME HER  PLACE HER OF COUNTRY)  IS TRUE TO  Charle	Harfo thani Harfo ebecc Mary THE BES	rd Co, el B. rd Co, a Str. land rof My I	Md. Heaps Md.

#### 15639 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No.	12

St :---- Ward)

(If death occurred in a hospital or instituion, give its NAMR Instead of street and number.)

MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH	17 1036
(Month)	(Day) , 1936 (Year)
17 I HEREBY CERTIFY, That I at	
(/	aylle 100
that I last saw her alive on May.	14- 1954
and that death occurred on the date state	ed above, at \$5.45 cd
The CAUSE OF DEATH & was as follows:	
Brights Disease.	
***************************************	
(Duration)	
(Duration) . £	yrsmos.
Contributory Secondary	
	yremos
(Signed) N-7- Bradley	M.
May L. 1938 (Address) Jam	etterlle dis
State the Disease Cauring Deatl Violent Causes, state (1) Means of in Accidental, Suicidal or Homicidal.	h, or, in deaths from jury: and (2) whether
18 LENGTH OF RESIDENCE (For Hos	pitals, Institutions, Tran
ients, or Recent Residents)	
At place In the of death yrs mos da. Sta	te, yrs mos d
Where was disease contracted, if not at place of death?	**************************************
Former or usual residence	
9 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	4
Jarrettsville, Cem.	May 19 ,1930
Jarrettsville, Cem.	May 19 ,1930

of more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S No. 1.



(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enwhatever, write None. tired & yrs.). business, that fact may be indicated thus: Furmer (regaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; Housemend, etc. If the occupation has been changed worked on may form part of the second statement should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the (a) Foreman, (b) Automobile factory. The material cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation -Coul mine, etc. Wom-But in many

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphal fever (the only definite synonym is "Epidemic cerebrosphal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchodneumonia ("Pneumonia.")

head of "contributory." Nomenclature of the American Medical Association. ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the train-accident; Revolver wound of head-homicide; Poisoned by curbolic acid-probably suicide. The naas probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. rhage," "Inanition," "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," conditious, such as "Asthenia," "Anaemia" (merely stated unless important. Example: Mcasles ture of the injury, as fracture of skull, and conse-Examples: Accidental drowning; Struck by railway State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions." ary), 10 ds. causing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); myes, peritonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be ......(name origin; "Cancer" is less definite; avoid Whocping cough; Chronic valvular heart discuse; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal Carcinoma, Sarcoma, etc., of (Recommendations on state-The contributory Meastes; (second-(disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUN 5 1

WRITE

CORD	Classificate.
NT	stated Eproperly
ANE	ay be
	should it it m
SA	ACE the
IKTHIS I	y supplied.
Y, WITH UNFADING INK-THIS IS A FE ANENT CORD	information should be carefully supplied. ACE should be stated EXACTL siste CAUSE OF DEATH in plain terms so that it may be properly classificated that it may be properly classificated.
TH UN	Should SE CF D
Y, WI	mation CAUS
1	inform Etate

PLACE OF DEATH	STATE OF MARYLAND
County Sarford	CERTIFICATE OF DEATH
	Registration Dist. No. /8
Village or City Serely Hook (No.	St.: Ward) (If death occurre a hospital or institution, give its NAM) stend of street
2FULL NAME Chica Ring	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED, WIDOWED (Write the word)	16 DATE OF DEATH Sept 21 , 1934 (Month) (Day) (Yea
6 DATE OF BIRTH  (Month)  (Day)  (Year)	17 1 HEREBY CERTIFY, That I attended the deceased  Sept 21 1930 to Sept 21 1930 that last saw her alive on Sept 21 1930 1930
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Cacedentel)  (Accidentel)  (Duration) 8 hrs mos
9 BIRTHPLACE (State or country) Marth Carolina	Contributory Secondary (Duration) yrs mos
10 NAME OF FATHER Goseph King	(Signed) Willard ( Audson Signed) Willard ( Address) Fourt Hell my
II BIRTHPIACE OF CATHER (State or country)	*State the Disease Causing Death, or, in deaths fr Violent Causes, stats (1) Means of Injury and (2) Whet Accidental, Suicidal or Homicidal.
of MOTHER Mam Billings	18 LINGTH OF RESIDENCE (For Hospitais, Institutions, ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?  Former or usual residence
(Address) Ba-av md	Chestrut HU, mg dy 23,
15 / to 02/8/ Proposed a vos	20 UNDERTAKER
Filed CITY 19230 / CONTANTO	ar, 16 W. Saratoga St., Balto., Lequesting V. S. I.o. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Lug laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective ci Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery: (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neceswhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia, "

"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E\_haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid American Medical Association.) telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, aceident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. can be ascertained as the cause. Whooping approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY cough; Committee on Nomenclature Chronic valvular heart disease; etc. The contributory Always qualify all not be

and pered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.

80

					Kinhart
	PERSO	NAL AND S	STATISTIC	AL PARTI	CULARS
me	Te	' Whit	OR RACE	5 SINGLE, MARRIED WIDOWE OR DIVO (Write the	DWldower
D.	ATE OF BI	RTH			
		Sept.	(Month)		1.848 (Year)
AG	F.	81	8	9	If LESS than I dayhrs.
pa		ofession or d of work		Mer	chant
(b bu	) Trade, pro irticular kin ) General n	ofession or d of work sature of indu- establishment yed or (emplo E	stry	•••••••	chant Self
(b bu	Trade, pro articular kin General masiness, or hich employ	ofession or d of work ature of indusestablishment and or (emplose country)	stry t in oyer)	Penns	chant Self ylvania
(b) b) W	Trade, protection of the prote	ofession or d of work ature of indusestablishment yed or (emplo country)	stry t in oyer)	•••••••	chant Self ylvania
(b)	Trade, proriticular kin General n Isiness, or hich employ RTHPLAC (State or  10 NAME FATHE	ofession or d of work ature of indusestablishment yed or (emplo country)	stry t in oyer)	Penns t Know	chant Self ylvania
(b bu	Trade, proriticular kin General n Isiness, or hich employ RTHPLAC (State or  10 NAME FATHE	ofession or d of work ature of induses tablishment wed or (employed country)  OF CR  PLACE THER of country)  N NAME	Not	Penns	chant Self ylvania

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; Ward	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH	
June	(Day), 19 <b>32</b>
17   HEREBY CERTIFY, That I at	
May 16 1982, to	May 31 1950.
that I last saw h sam alive on	4 30 , 10230
and that death occurred on the date	7
The CAUSE OF DEATH & wee as follows:	
Brights Diseas	
	***************************************
***************************************	
(Duration)	yrsds,
Contributory Secondary	•
(Duration)	yrsmosda.
(Signed) H-7 Brad	ley M.D.
June 2 19230 (Address) . Das	
*State Disease Causerg Death	, or, in deaths from
Violent , state (I) Means of In Accidental, soleidal or Homicidal.	Jury: and (2) whether
18 LENGTH OF RESIDENCE (For Hos	pitals, Institutions, Trans-
ients, or Recent Residents) At place inth	
of death yrs. mos da. Sta	te,yremoeda.
Where was disease contracted, if not at place of death?	
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Bethel, Cem.	June3. ,19. 20
20 INDERTAKER	ADDRESS
E.G.Kurtz & Son	Jarrettsville

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school or At home. Care should be taken state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Housewhatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are eugaged in the duties of the laborer, Furm laborer, Luborer-Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) throcery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, (a) Foreman, (b) Automobile factory. The material cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various parenits can be known. The quescapation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation

Stacement of Cause of Death—Name, first, the bis, ease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croud"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchodneumonia ("Pneumonia");

head of "contributory." ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Nomenclature of the American Medical Association.) Poisoned by carbolic acid-probably sufcide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railroay as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or State cause for which surgical operation was under-"PUERPERAL septicuemia." "PUERPERAL peritonitis," etc. discases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanition.", "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsious," "Debility" ("Congenital," "Senile," etc.), symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); Measles; nges, peritonacum, etc., Carcinoma, Sarcoma, etc., of ......(name origin; "Cancer" is less definite; avoid Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be inqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; FOR VIOLENT DEATHS STATE MEANS OF INJURY Chronic valvular heart (Recommendations on state-Example: Measles Always qualify all "Coma," "Con-The nadiscuse; (discase (mercly (second-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspond-pence. All the data is essential and must be obtained before the certificate is permanently filed.

DING

MARGIN RESERVED FOR

PLACE OF DEATH  County Farford  Village or City Nublis (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. / 8 / (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Of BIRTH  A COLOR OR RACE  MARRIED  MARRIED  MARRIED  MARRIED  MARRIED  MARRIED  WHOWARD  (Write the word)  (Month)  (Day)  (Year)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from  1920 to 1920 to 1920 that I last eaw h Usalive on Dece 75 , 1920
7 AGE    If LESS than   I day hrs.   ds.   or min.     OCCUPATION   (a) Trade, profession or particular kind of work   Farmor	and that death occurred on the date stated above, at 2 Q m The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER HVAN Klair	(Durstion) 3 yrs. mos. ds  Contributory Noticeal s Secondary  (Durstion) yrs. mos. ds  (Signed) M. D
II BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or Country)  Response of the country of the c	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfents or Recent Residents)  At place of death yrs mos ds. State yrs mos ds
(Informant) IN E A HARMA  (Address) Warlington Mid  Filed DCC 27 1920 M. W. Rick -  Registrar	Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER  Balley Barlington
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

md:

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the additional line is provided for the latter statement; it should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, p. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Serbanl, Cook, Housemuid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of household only (not paid Housekeepers who receive a report specifically the occupations of persons ennner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Uraemia, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.); "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, " "Weakness," etc., when a definite disease Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

뛴

DING

S. No. 1

D.

ż

PLACE OF DEATH County Harford	09332 STATE OF MARYLAND CERTIFICATE OF DEATH
The state of the s	(29) Registration Dist. No. 182
Village or City County House.  2FULL NAME Henry Green	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Que 27 , 1980 (Month) (Day) (Year)
6 DATE OF BIRTH  Chout  (Month) (Day) (Yesr)	17 I HEREBY CERTIFY, That I attended the deceased from 1928 to Use 27, 1923 that I last saw h Gralive on Use 25, 1923
TAGE   If LESS than I day hrs. or min.?	
(a) Trade, profession or particular kind of work refused  (b) General nature of industry	Chrone reflection
business, or establishment in which employed or (employer) Farm Lafar  9 BIRTHPLACE (State or country)  Md.	Contributory Secondary  (Duration) yrs mos ds.
10 NAME OF Yorkwoon	(Signed) Mas M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, on in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Mulmorore  13 BIRTHPLACE OF MOTHER  OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfients or Recent Residents)  At place of death yrs mos ds.
(State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea.h?
(Address) Bel & md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Country Home Quy 25, 1930
Filed ang 28 1930 l. E. Chambers Deputy Registrar	Dean & Fortis Belan md
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) whatever, write None. or given up on account of the DISEASE CAUSING DEATH Housenwid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as .11 school, or .11 home. Care should be taken work, or At Home, and children, definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a laborer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Foreman, For many occupations a yrs). For persons who have no occupation Farm laborer, without more precise specification as Day (b) Automobile factory. The material Laborer-Coal mine, etc. Womsingle word or term on not gainfully em-Grocery;

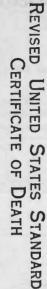
Statement of Cause of Death—Name, first, the DIS-EALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal force (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"), Lobar pneumonia, Bronchopneumonia ("Pneumonia")

> approved telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonities," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemerrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptominges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway traincausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiinterstitial nephritis, by cough; Committee on Chronic valvular heart discase; etc. The Nomenclature contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Z.

PLACE OF DEATH County MM 101	04387	STATE OF M CERTIFICATE	OF DEATH
Village or City May Ely. KO	1	Registration D	(If death occurred in a hospital or institu- tion, give its NAME is - steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE O	F DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEO. OR DIVORCED (UT) With the word)	16 DATE OF DEATH	(Month)	7 , 1920 (Day) (Year)
6 DATE OF BIRTH  Muy 3, 183  (Month) (Day) (Year)	17 I HEREBY		moded the deceased from 1920.
7 AGE  76 yrs. 8 mos. 3 ds. or min.?	and that death occur	red on the date stated a	above, at 7/15 2 m
B OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	amie	Februal &	yre. mos de.
9 BIRTHPLACE (State or country) Many lengt  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country) Many lengt	Contributory Secondary  (Signed)	(Address)  (Sesse Causing Death, ate (1) Means of Injury Homicidsl.	yis mos. ds.  M. D.  Les Eurora W  on in deaths from   in deaths from   iv and (2) Whether
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  May laugh		SIDENCE (For Hospite sidents) In the Osds. State.	uls, Institutions, Trans- yrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dead Former or usual residence	n}	
(Address) 2000 WRunah At Bello)	Mountain Co		April 10, 1930
15 Filed Cyril 9 19830 Fred Morlok Registras	20 UNDERTAKER HOWard K.M.		Abingdon Md.
If more bianks are needed, address State Registrat			No. 1.



(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (retired 6 yrs). state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housenature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, sician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (Recommendations on statement of cause of death can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc.; of American Medical Association.) telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need unqualified, is indefinite); Tuberculosis of lungs, men-Chronic valvular heart disease; etc. The contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. MANENT WITH UNFADING INK--THIS IS A MARGIN RESERVED FOR

V. S. No. 1

County Harford.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. /84
Village or City While ford (No.	St.: Ward)  (If death occurred in a hospitul or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewele White Single, Marrie Carried  Jewele White (Write the word)	16 DATE OF DEATH  March 4, 1973 0  (Month) (Day) (Year)
6 DATE OF BIRTH  Solution (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 19230 to March 4, 1923 9 that I last saw has alive on March 4, 1923 4
7 AGE    If LESS than   day hrs. or min.?	
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) feeford Co, Ind. 10 NAME OF FATHER Town H Hughes.	Contributory Secondary  (Duration)  (Signed)  (Signed)  M. D.
11 BIRTHPLACE OF FATHER (State for country) 12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country) Halford Co. Vied	*State the Disease Causing Death, of in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds. State yrs mos ds.  Where was disease contracted,
(Informant) Lee 2. Hele.  (Address) Miles Filed March 5 19238 H. J. S. Mc Mabb	Former or usual residence  19 PLACE DE BURIAL OR REMOVAL  LANGLING OR  2D UNDERTAKER  ADDRESS  ALL  ADDRESS
Registrar	Hornbuget V Gold. Cludar, M. r. 16 W. Saratogast., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) fulness of various pursuits can be known. The questired 6 yrs: state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planler, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servan, Cook, Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the (a) Foreman, (b) Automobile factory. The material especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the Laborer-Coal mine, etc. Wom-Salesman, (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphthecia (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, "

tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. stated unless important. Chronic interstitial nephritis, ...... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-("Congenital," "Senile," etc.), "Dropsy," Committee on Nomenclature Chronic Example: Measles (disease valvular heart disease; etc. The contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD PERMANENT Y, WITH UNFADING INK--THIS IS A FOR MARGIN RESERVED WRITE

	PLACE OF DEATH  County Landard WITHIN CORPORATE LIMI	09333 STATE OF MARYLAND CERTIFICATE OF DEATH
	0	Registration Dist. No. 185
	Village or City Have de Grace (No.	St: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and
TI Ca	2FULL NAME Elbert L. K	stead of street and number.)
00	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
200	3 SEX 4 COLOR OR RACE SINGLE, MARRIED, MIDOWED, OR DLYORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
2	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
5	(Month) (Day) (Year)	that I last saw h Malive on Qua 7, 1927
200	7 AGE If LESS than	and that death occurred on the date stated above, at 1030 m.
10	5.3 yrs. / mos. /4 ds. or min.?	The CAUSE OF DEATH * was as follows:
	(a) Trade, profession or particular kind of work	
	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosds.
	9 BIRTHPLACE (State or country)	Contributory Secondary
	10 NAME OF A	(Signed)
2	O 11 BIRTHELACE	192 (Address) Jane & State my
	OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN NAME  18 MAIDEN NAME  19 MAIDEN NAME  19 MAIDEN NAME  10 MAIDEN NAME  10 MAIDEN NAME  11 MAIDEN NAME  11 MAIDEN NAME  12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN NAME	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Sulcidal or Homicidal.
	of MOTHER Dolly Kritiger.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) Mers. L. L. Carrier.	Former or usual residence
	(Address) Herede Grace Ma	Alexandra Na. Ang. 6 19.32.
	15 Filed aug. 6 1930 Charles J. Faley DD Registrar	20-UNDERTAKER . LAUSTAN HALLSTARE
	If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

N. B.-

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servaul, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Cure should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Form tauorer, who are engaged in the duties of the en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stotionary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Furmer (reto report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Grocery,

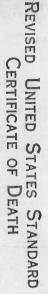
Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondar, or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sorcomo, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from ehildbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," Chronic interstitial nephritis, approved by as fructure of skull, and consequences (e.g., sepsis, carbolic ocid-probably suicide. The n ture of the injury, Examples: Accidental drowning; Struck by railway troinor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY Whooping American Medical Association.) (Recommendations on statement of cause of death "Atrophy." "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condi 'name origin; "Cancer" is less definite; avoid cough; Committee on Nomenclature of the Chronic valvular heart diseose; nephritis, etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B. ..

PLACE OF DEATH	09334 STATE OF MARYLAND
County Harlord	CERTIFICATE OF DEATH
	Registration Dist. No. / 8
Village or City Bellen (No.	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME John Jane	end of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED Lingle WIDOWED. OR DIVORCED	16 DATE OF DEATH (Lug 10 , 19230
Islate   Write the word)	// (Month) (Day) (Year)
6 DATE OF BIRTH	192 . to , 192 ,
(Month) (Day) (Year)	that I last saw h alive on 192
7 AGE If LESS than	
19 yrs. mos. 5 ds. or min.	
8 OCCUPATION	Probables a Destand Hand ressel
(a) Trade, profession or farmer particular kind of work	al all I remade by during that
(b) General nature of industry	The court of the c
business, or establishment in which employed or (employer)	(Durstion)yrsds.
9 BIRTHPLACE (State or country) 744	Contributory Secondary
10 NAME OF	(Duration) yrsmosds
FATHER William Lanterbach	(Signed) M. D. M.
IN DIRTHPLACE	State the Disease Causing Death, or, in deaths from
C (State or country) Maryland  12 MAIDEN NAME)	Vident Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER Anna 1. Strhdein	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of deathyrsmosds. In the Stateyrsmosds
(State or Country) Mayland	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Mrs. anna 4 Lanterback	usual residence
Pl. 1. 170	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) WMMMM Of the	Daker (enclose ung 13, 1970
15 Filed aug 12 1920 NE Stichardson Registrar	Menser January Hors Chesden med
//	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
AT TAXOLO MANGEMENT WEST TAXONOMY	



(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from work, or At Home, and children, (a) Foreman, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook to report specifically the occupations of persons enployed, as At school, or Al home. Care should be taken etc., For many occupations a single word or term on especially in industrial employments, it is neces-Form laborer, Laborerwithout more precise specification as Doy (b) Automobile factory. The materia For persons who have no occupation (a) the kind of work and also (b) the -Cool mine, etc. not gainfully em-(b) Grocery, Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, pertionaeum, etc., Corcinoma, Sorcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicuemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, corbolic acid-probably suicide. The n:ture of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY Examples: Accidental drowning; Struck by rollway train-Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

1PLACE OF DEATH County Hawford.	1 P P 1644.
0	WITHIN CORPORATE LIMITS &
1 11	

#### STATE OF MARYLAND CERTIFICATE OF DEATH

County CLASSICAL . WITHIN CORPORATE L	Registration Dist. No. 185
Village or City Lune de Grace (No	St.: Ward) (if death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white Single.  MARRIED. MARRIED.  MIDOWED.  OR DIVORCED.  (Write the word)	16 DATE OF DEATH December / Th, 1930  (Month) (Day) (Year)
6 DATE OF BIRTH  Month)  (Day)  (Year)	that I last saw hum alive on Rec. 17, 1920.
7 AGE  7 O yrs. 4 mos. 2 7 ds.   If LESS than   day hrs. or min.?	and that death occurred on the date stated above, at //
(a) Trade, profession or Merchant.  (b) General nature of industry	Intestines
business, or establishment in which employed or (employer) beruguan,  BIRTHPLACE (State or country) Dermark	Contributory Secondary  (Duration)  yrs
10 NAME OF Peter hawsow.	(Signed) J. J. Maggar. M.D. Die US 1984 (Address) Derryslle Wh.
OF FATHER (State or country) Derwark.	*State the Disease Causing Death, of in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Welsuoww	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of deathyrsmosds.  In the Stateyrsmosds.  Where was disease contracted, if not at place of death?
mino ola la la	Former or usual residence
(Address) Have de Grace und	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL West nothinglesse Dee, 21, 1930.
15 Filed Dec 20 100 Chas J. Felry OD.	20 UN DERTAKER . A SA S

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic valuular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ACE should be stated EXACTLY, PHYSI-that it may be properly classified. Exact ANENT WITH UNFADING INK--THIS IS A MARGIN RESERVED FOR

Every item of Information should be carefully supplied. ACE should be stated EXAC CIANS should state CAUSE CF DEATH in plain terms so that it may be properly class statement of OCCUPATION is very important. See instructions on back of certificate. WRITE V. S. No. 1

PLACE OF DEATH	STATE OF MARY
County Hoarford	CERTIFICATE OF
	Registration Dist. No
Village or City Castlelow (No	St.: Ward) (If d
2FULL NAME Ernest	Lay -
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WID WED. OR DIVERCED (Write the word)	16 DATE OF DEATH  (Motto)  (Day)
8 DATE OF BIRTH 25 years, 1	17 I HEREBY CERTIFY, That I attended t
(Montkly (Day) (Year)  7 AGE (If LESS than	and that death occurred on the date stated above,
2.5 yrs. mos. ds. or min.?	
B OCCUPATION (a) Trade, profession or particular kind of work	accidental of
(b) General nature of industry business, or establishment in	(Duration)
9 BIRTHPLACE (State or country)	Contributory
10 NAME OF FATHER QUARRET LENGTH	(Signed) (Duration) Authorities (Signed)
0) 11 BIRTHPLACE OF FATHER	
Z (State or country)	*State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury an Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER  During	18 LENGTH OF RESIDENCE (For Hospitals, In-
13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of deathyrsmos,ds. Stateyr
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
antomans) of A norris	Former or usual residence
(Informant) 1 100000 (Address) Joll Fa	19 PLACE OF BURIAL OR REMOVAL DATE
15 Filed Sep 16 19230 The Marks	20 UNDERTAKER ADDR
If more blanks are needed, address State Registra	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 184

Lay-	St.:	tion,	eath oceurred in pital or institu- give its NAME is - of street and er.)
MEDICAL	CERTIFICA	TE OF DE	ATH
16 DATE OF DEATH	Sels		192 3 D
17 I HEREBY CEI	RTIFY, That		he deceased from
***************************************	192 to		, 192,
that I last saw hali	ve on		192
and that death occurred	on the date st	ated above, a	itm,
The CAUSE OF DEATH *	was as follow	s:	
acci	denta	l D	ronny
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(D:=)		mos de.
Contributory	(Duration)	y!5	
(Signed) Wille	(Durstion)	All	de.
	ddress)		1 Comes
*State the Discase Violent Causes, state Accidental, Suicidal or Ho	Causing Domicidal.	eath, or, in Injury an	
18 LENGTH OF RESIDE		ospitals, In	stitutions, Trans-
At place of deathyrsmos	de.	the Stateyr	ds.
Where was disease contracted if not at place of death?	•		
Former or usual residence	•••••••	*********************	
19 PLACE OF BURIAL OR	REMOVAL	B	E OF BURIAL
20 UNDERTAKER	•	ADDR	ESA
47 has	1	2	Ita Ta



(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Ling laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Foreman, For many occupations a (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material Stationary fireman, etc. But in many single word or term on

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); spinal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ot unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease, etc. The Nomenclature of the contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1930

important.

15

-

#### PLACE OF DEATH 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS SINGLE 3 SEX 4 COLOR OR RACE MARRIED WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) If LESS tha 7 AGE I day hrs B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country 10 NAME OF FATHER 11 BIRTHPLACE PARENTS OF FATHER (State or country) ne mellan OF MOTHER 13 BIRTHPLACE Va OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)

10481

#### STATE OF MARYLAND CERTIFICATE OF DEATH

St.: Ward)

Registra

If more blanks are needed, address Stato Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registration Dist. No.

(If death occurred in a hospital er institu-

	Lee tion, give its NAME in- stend of street and number.)			
	MEDICAL CERTIFICATE OF DEATH			
	16 DATE OF DEATH Sept 25, 1930			
	(Month) (Day) (Year)			
=	17 Aug 6 1930 to Spf 25 , 1930 , that I last saw h magalive on Sept 23 , 1920 ,			
_ n	and that death occured on the date stated above, at 30 P.m.			
3.	The CAUSE OF DEATH * was as follows:			
5				
	Malnulution Compleased			
•	*			
	(Durstion)yrs			
-	Contributory Secondary			
	(Duration) yrs. mos. ds			
	(Signed) Millard J. Huelson M. D			
-	Sept 26 1920 (Address) Forest Hell Mid			
_	*State the Discase Causing Death, or, in deaths from Violent Causas, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.			
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans			
-	ients or Recent Residents)			
	At place of death yrs nos ds State yrs de			
-	Where was disease contracted, if not at place of death?			
	Former or usual residence			
	19 PLACE OF BURIAL OR REMOVAL			
	Clarks Chapel sept 26 1900			
	20 UNDERTAKER ADDRESS			
	useller dee, father Street.			

(Approved by U. S. Census and American Public Health Association.)

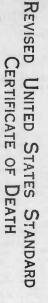
state occupation at beginning of illness. If retired from er,' etc., without more re---Coal mine, etc. laborer. Farm laborer, Laborer—Coal mine, etc. Spinner, (b) Cotton mill; (a) Salesman, (b) Grovery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; if sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Nervant, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Aever return 'Laborer," "Foreman," "Manager," "Yealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed Physician, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). without more precise specification as Day Compositor, Architect, For persons who have no occupation Locomotive engineer, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synchym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of "Croup"); Tuphoid fever (never report "Typhoid Pneumonia"); obar pneumonia, Bronchopmeumonia ("Pneumonia,")

as fracture of skull, and consequences (e.g., sepsit, telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Urnemia," "Weakness," etc., when a definite disease "Inanition." "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Surcoma, etc., of carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State eause for which surgical operation was under-Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles unqualified, is indefinite); Tuberculosis of lungs, mon-American Medical Association.) accident; Revolver wound of head -homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. Recommendations on statement of cause of death ..... (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary resulting from childbirth or miscarriage by Committee on Nomenclature of the or intercurrent) valiralar affection need etc. The contributory heart disease not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

PLACE OF DEATH	10482 STATE OF MARYLAND
County Tax for Co	CERTIFICATE OF DEATH
2 OITEIN CORPOBATE	Registration Dist. No. 185
Village or City/Levele Line(No.	St: Ward) (If death occurred in a hospital or institu-
2FULL NAME Lucy P. Le	tion, give its NAME it - stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Roland (Write the word)	16 DATE OF DEATH Sept. 5, 1930  (Month) (Day) (Year)
Sept 21- 1872	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw how alive on fully 3, 1920,
If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession or Houseupharticular kind of work	Aceste majocardeter
(b) General nature of industry Business, or establishment in	
which employed or (employer)	Contributory as the Variage
9 BIRTHPLACE (State or country) Maryland.	Contributory Contributory Secondary  (Duration) yrs. mos. ds.
10 NAME OF FATHER John Reiggold	(Signed) Martin Pobley "Corones" M. D. Sept 5" 1930 (Address Harry de Grace Ma
OF FATHER (State or country) Warfland.	*State the Ilistase Causing Death, et, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Susce Harson  13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or country) Maryland.	At place of deathyrsmosds. In theyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Med H. A. Levan	Former or usual residence
(Address) Newyork, 21.4.	19 PLACE OF BURIAL OR-REMOVAL, DATE OF BURIAL
15 Filed Sept 7 1930 Chas J. Toley hd	20 UNDERTAKER Pennington & Son P H. de Grace, Md.
If more blanks are needed, addre.a Stato Registrar	, 16 W. Saratoga Sy., Bulto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs): state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Luverer common duties of the en at home, who are engaged in the duties of the Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, the first line will he sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Architect, Locomotive engineer, (b) Grocery;

Strtement of Cause of Death—Name, first, the DIS-EASE ('NUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. American Medical Association.) approved by Committee on Nomenclature carbolic.acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" for malignant neoplasms); ...... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi (Recommendations on statement of cause of death as fracture of skull, Examples: Accidental drowning; Struck by railway train. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitual nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Come," "Convulsions, cough; Chronic valvular heart disease; and consequences (e. g., sepsis, etc. The contributory Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED

	PLACE OF DEATH
. 0	County Anglina
Ville	2FULL NAME AMAMALIN
	PERSONAL AND STATISTICAL PARTICULARS
35	emale White WIDOWED. OR DIVORCED (Write the word) Widow
6 D	Olc. 28. 1844 , 1 (Month) (Day) (Year
7 A	
	8 5 yrs. // mos. 7 ds. or min.?
	a) I rade, profession or Hogy Wife
(E	articular kind of work  OUN HOUSE  O) General nature of industry usiness, or establishment in which employed or (employer)
(la b	o) General nature of industry usiness, or establishment in
(la b	o) General nature of industry usiness, or establishment in which employed or (employer)  IRTHPLACE (State or country)  IO NAME OF FATHER  Slenny  Oallmeyer
(t)	o) General nature of industry usincess, or establishment in which employed or (employer)  IRTHPLACE (State or country)  IO NAME OF
ARENTS &	in the country of the
PARENTS 6	inticular kind of work  Conceral nature of industry  usiness, or establishment in  which employed or (employer)  IRTHPLACE (State or country)  IO NAME OF FATHER  II BIRTHPLACE OF FATHER (State or country)  IZ MAIDEN NAME OF MOTHER  IS BIRTHPLACE OF MOTHER (State or country)  IZ MAIDEN NAME OF MOTHER  (State or country)  IZ MAIDEN NAME OF MOTHER (State or country)  IZ MAIDEN NAME OF MOTHER (State or country)
PARENTS 6	Conceral nature of industry usiness, or establishment in which employed or (employer)  INTHPLACE (State or country)  IO NAME OF FATHER  II BIRTHPLACE OF FATHER (State or country)  IZ MAIDEN NAME OF MOTHER  IS BIRTHPLACE OF MOTHER (State or country)  I BIRTHPLACE OF MOTHER  WALLOW  I BIRTHPLACE OF MOTHER (State or country)  I BIRTHPLACE OF MOTHER (State or country)  I BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
PARENTS 6	inticular kind of work  Conceral nature of industry  usiness, or establishment in  which employed or (employer)  IRTHPLACE (State or country)  IO NAME OF FATHER  II BIRTHPLACE OF FATHER (State or country)  IZ MAIDEN NAME OF MOTHER  IS BIRTHPLACE OF MOTHER (State or country)  IZ MAIDEN NAME OF MOTHER  (State or country)  IZ MAIDEN NAME OF MOTHER (State or country)  IZ MAIDEN NAME OF MOTHER (State or country)

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 182

St.: Ward) (if death occurred in a hospital or institution, give its NAME instend of street and number.)

(Month) (Day) (Year)

(Month) (Day) (Year)

(Month) (Day) (Year)

(Year)

(Hepeby Certify, That is attended the deceased free that I last saw half alive on the data stated above, at the Cause of Death I was as follows:

MEDICAL CERTIFICATE OF DEATH

Secondary

Duretion)

yre

mos

M. 1

Signed The Survey of Marketing o

/\*State the Disrase Causing Death, or, in deaths from Violent Caus s, state (i) Means of injury and (2) whether Accidental, Suicidal or Homicidal.

B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

At place of death yrs mos ds.

Where was disease contracted, if not at place of death?......

Former or

Contributory

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

ADDRESS ave

Registra: Court Co

A. ..

(Approved by U. S. Census and American Public Health Association.)

laborer, sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, (b) Collon mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed guged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return 'Laborer,'" Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile Physician, Compositor, Architect, report specifically the occupations of persons en-For many occupations a single word or term on Farm luborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation factory. The material Locomolive engineer 6 Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synohym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia", Bronchopneumonia ("Pneumonia");

"Inanition," "Marasinus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy." "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory" "PUERPERAL septicaemia," "PUERPERAL peritonitis, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary use of "Tumor" for malignant neoplasms); Meastes; and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from ehildbirth or miscarriage as can be ascertained as the cause. Always qualify all carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. Whooping approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., scpsis, Examples: Accidental drowning; Struck by railway train American Medical Association.) ..... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiinterstilial nephrilis, or intercurrent) affection need not be cough; Chronic valvular heart disease; etc. The contributory of the

If this certificate is looked over thoroughly and all questions answered in derail, it will prevent further correspondence. In the distance is essential and must be obtained before the certificate is permanently filed.

S. No.

Exact

PLACE OF DEATH	0173
County Myord	77100
11	(20:2)
Village or City Less Eword (No	
2 FULL NAME austoi Coraine	Litchy
PERSONAL AND STATISTICAL PARTICULARS	MED
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEAT
6 DATE OF BIRTH	17 I HERE
(Month) (Day) (Year)	that I last saw h.
7 AGE (If LESS than	
9 /7   1 dayhrs.	
8 OCCUPATION	MIRALO
(a) Trade, profession or August	- Proposition
(b) General nature of industry	919
business, or establishment in which employed or (employer)	ets milk
9 BIRTHPLACE (State or country) Mary Jours	Contributory Secondary
FATHER Lauron Letchfield	(Signed)
II BIRTHPLACE OF FATHER	19 19
Z (State or country) Mary Lews	*State the Violent Causes, Accidental, Suicidental
(State or country) Many lews  12 MAIDEN NAME OF MOTHER Adely August	18 LENGTH OF
13 BIRTHPLACE	ients or Recent
(State or Country) Manyleud	At place of deathyrs Where was disease of
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of c
(Informant) Haww Lelchful	Former or usual residence
(Address) Elegand Md	19 PLACE OF BUR Trinty Lu
15 Filed Fah 5 1926 Fred Morlok	20 UNDERTAKER
-local Registrar	Howard K

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-Ward) tion, give its NAME is stead of street and number.)

### ICAL CERTIFICATE OF DEATH

(Month) .....(Day) BY CERTIFY, That I attended the deceased from .192 ...., 192 ...., alive on 192 eurred on the date stated above, at .... ATH \* was as follows:

Disease Causing Death, or, in deaths from state (1) Means Injury and (2) Whether of/

RESIDENCE (For Hospitals, Institutions, Trans-Residents)

In the State. ...mos......ds. ....yrs......mos..... ontracted,

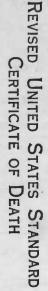
IAL OR REMOVAL

DATE OF BURIAL thern Cemetery

. McComas.

Abingdon. Md.

ADDRESS



(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH. Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," taken. FOR VIOLENT DEATHS state MEANS OF INJURY diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; etc. The contributory affection need not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every Item of information should be carefully supplied. ACE thould to stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ORD KENT H MARGIN RESERVED FOR BIN WITH UNFADING INK--THIS IS A PER WRITE P V. S. No. 1

6 2

PLACE OF DEATH  County Harfred  Village or City Persyman (No.  2FULL NAME F. William Lies	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.: Ward) St.: Ward)  (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE BINGLE, MARRIED Medowich WIDOWED. OR DIVORCED (Write the word)  6 DATE OF BIRTH  LL (Month) (Day) (Year)	16 DATE OF DEATH  May  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended the deceased from  1827. to May  that I last saw h families on Finel 17, 1928.0
7 AGE  Syrs. 2 mos. ds. lf LESS than I day hrs. or min.?  B OCCUPATION  (a) Trade, profession or particular kind of work	and that death occurred on the date stated above, at 1.1.5 mm. The CAUSE OF DEATH * was as follows:  Out of the control of the
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Contributory Secondary (Duration) 3 yrs mos de
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country) Lermany	(Signed) M. D  *State the Disesse Causing Desth, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidsl.
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transionts or Recent Residents)  At place of deathyrsmosds.
(Informant) We tred Liesbe (Address) about the Medition of the Registral	Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Lutheran Cernelly  20 UNDERTAKER  ADDRESS  ADDRESS  ALLOW Javangson Students  16 W. Saratoka Stu. Balton, Reguesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from goged in domestic service for wages, as Servont, Cook, Housemaid, etc. If the occupation has been changed lahorer, Form loborer, Laborer— Spinner, (b) Cotton mill; (a) Solesman. (b) Grocery. (a) Foreman, (b) Automobile foctory. The material whatever, write None. or given up on account of the DISEASE CAUSING DEATH. definite salary, may be entered as Housewife, Houseshould be used only when needed. As examples: (o) additional line is provided for the latter statement; it nature of the business or industry, and therefore an business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealsary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Physician, Compositor, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day Architect, Locomotive engineer, -Coal mine, etc. Womperson, irrespective of

Strtement of Cause of Death—Name, first, the DIS.

EAL CAUSING DEATH (the primary affection with respect
to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital
fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup");
Typhoid fever (never report "Typhoid Pneumonia");
Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably sucidc. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Aecidental drowning; Struck by railwoy troinor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic interstitiol nephritis, ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencough; Chronic Example: Measles (disease etc. The contributory valvular heort Nomenclature Measles ; diseose, of the

If this certificate is looked over thoroughly and al qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSI-

PLACE OF DEATH	6514 STATE OF MARY
County 742 for	CERTIFICATE OF
	Registration Dist. No.
Village or City Confine to (No	St.: Ward) (If do a hos tion, stead numb
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day)  17 I HEREBY CERTIFY, That Lattended t
(Month) (Day) (Year)	that I last saw her alive on Jan 1.
7 AGE    If LESS that   I day hr.   or min.   or min.   or min.	s. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  Aufal lev, MI	Suptifies gion by Motor Secondary (Duration) D. yes
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 Coofact  15 Coofact  16 Coofact  17 Coofact  18 Coofact  19 Coofact  19 Coofact  19 Coofact  10 NAME OF Coofact  10 NAME OF Coofact  11 BIRTHPLACE OF MOTHER (State or Country)	(Signed)
(Informant) Oliver n. Little	Where was disease contracted, if not at place of dea.h?  Former or usual residence
Filed an 19 1930 D. H.C. Angistrar  If more branks are needed, addre.s Ltate Kegistr	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. I.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

	St.: Ward)	(If death occurred in a hospital or Institu- tion, give its NAME in- stead of street and number.)
	MEDICAL CERTIFICATE OF	F DEATH
	16 DATE OF DEATH	
	//	(Day) (Year)
=	17 I HEREBY CERTIFY, That I atter	
	Jan 14- 1923 a. to Jan	19727.
	that I last saw head alive on	19/370.,
n	and that death occurred on the date stated a	bove, at 9:30a.m.
) )	Local not see Chil	e el
-	date of birthe las	e Ifrom
	symptons given by	nother think
	If died of Promeofice	mosds.
	Contributory ness - fantamenta.	en sea
	(Duration)	_yrsds.
	(Signed) / 6 Urlling	
-	Jan. 18, 1973 D(Address) Card	
_	*State the Piscase Causing Death, Violent Causes, state (1) Means of Inju Accidental, Sulcidal or Homicidal.	of, in desths from ry and (2) Whether
	18 LENGTH OF RESIDENCE (For Hospital	ls, Institutions, Trans-
	At place In the	yrsds.
-	Where was disease contracted, if not at place of dea.h?	-
	Former or usual residence.	
	19 PLACE OF BURIAL OR REMOVAL	PATE OF BURIAL
	Valamade Centy	Tour 20. 1930
	20 UN DERTAKER	ADDRESS NO
•	Warsellen ,	Dolle la

8. No. 1 0

00

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—Coal mane, etc. woun-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully em-ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, tion applies to each and every person, irrespective of Foreman, For many occupations a without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many single word or term on 6 Grocery;

EARS COUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

iclaims) may be stated under the head of "contributory." approved by Committee on "Uraemia," "Weakness," etc., when a definite disease carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping cough; Chronic Chronic interstitial nephritis, (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," perilonaeum, etc., Carcinoma, Sarcoma, etc., of .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart disease; Example: Measles (disease etc. The Nomenclature of the "" "Convulsions, contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	Θ	Ξ	
	ш	at	2
•	C	井	Lin
2	-	0	3
)	Ö	80	+
	iie	H	0
4	QQ	10	-
,	30	t	P
	>	, E	V.
1		pic	ŧ
)	əft	_	2
	3 L	_	1
	Ö	Ė	à
•	90	4	in
	-	0	>
	1	ls.	10/
	9	0	a
	50	ш	_
•	2	CS	0
	tic	X	Ě
	na	-	A
	-L	te	7
	ofc	sta	Ö
	-	_	0
,	of	=	-
	_	0	to
	9	8	Le
	Ξ	co	m
	Z	CIANS should state CAUSE OF DEATH in plain terms so that it	Statement of OCCUPATION is very important See instructions
	Ve	3	sta
	IN I	_	9)
	8		
	N. B Every item of information should be carefully supplied. ACE at		
	Z		

V. S. No. 1

	PLACE OF DEATH	13850 STATE OF MARYLAND
	County Dianger WITHIN CORPORATE	CERTIFICATE OF DEATH
	01 2 2	Registration Dist. No. 185
	Village or City Aane de Menor	St.: Ward) (If death occurred in a hospital or institu-
	2 FULL NAME Catherine Evesor	Litzungla street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Terrale White Single, MARRIED, Single WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH / 15, 1920 (Month) (Day) (Year)
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	Oct. 10, 1924	100 15 1930. to 100 15, 1920.
	(Month) (Day) (Year)	that I last saw h Walive on 1920,
	7 AGE   If LESS than   I day hrs.	and that death occurred on the date stated above, at
	b yrsds. ormin.?	Sun Hox wound of
4	a OCCUPATION (a) Trade, profession or	appear part of right thingh
3	particular kind of work	Occidental chigo
T	business, or establishment in which employed or (employer)	(Durstion) Tis. Mos de.
	9 BIRTHPLACE (State or country)	Contributory Look & Secondary
	10 NAME OF FATHER SOLF	(Signed) Martin P. Goley Coroner B. M.D.
	1) II BIRTHPLACE	100 /6 1930 (Address) Have de Juckey
	OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, In deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Hachael & Riesel	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER	At place in the
	(State or Country) Maryland	of deathyrsds. Stateyrsds.  Where was disease contracted,
	14 THE ABOVE IS TRUE TO THE BEST/OF MY KNOWLEDGE	if not at place of dea.h?
	(Informant) Her: John & Lityrugh	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) afterder mid	Mustin Counter Hor 17, 1930
	15 Filed Mor. 16 1920 Chance Joles MD.	20 UN DERTAKER ADDRESS
	Registrar	Henry Jarring Has Cheledien !
	If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise speciments. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Civil engineer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. household only (not paid Housekeepers who receive a to know (a) the kind of work and also (b) the For many occupations a single word or term on Compositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many

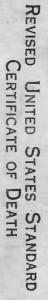
Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic valvular heart disease; etc. The contributory affection need not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD ANENT MARGIN RESERVED FOR BINDING WITH UNFADING INK-THIS IS A PLANE WRITE V. S. No. 1

	PLACE OF DEATH  County Orford WITHIN CORPORATE ME	STATE OF MARYLAND CERTIFICATE OF DEATH
	fill. a.	Registration Dist. No. 185
	Village or City Havre de Space of Student Logan	St.: Ward) (if death occurred in a hospital or institution, give its NAME is stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
200	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH + ( , 19 Zo
	6 DATE OF BIRTH  May  (Month) (Day)  (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1929 to 1920 that I last saw han alive on 1920.
	7 AGE    If LESS than   I day hrs.   or min.?     a occupation	and that doath occurred on the date stated above, at m. The CAUSE OF DEATH * was as follows:  Come in contact with hot store, I clothing the store of the contact with hot store, I clothing the store of the contact with hot store of the contact wi
176	particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Cought fire (Duration) yrs mos ds  Contributory Septic infection cust R  Secondary  Apprecian yrs mos ds
	10 NAME OF FATHER Unknown	(Signed) + 10 Heine M. D. Fet 7 100 (Address Hung & Jun M. D.
	OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  UNIVERSE  OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs mos last State yrs mos ds  Where was disease contracted, if not at place of death
	(Informant) Mus Suran Loyun	Former or usus residence Bell and Male 19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
	(Address) Collin Mil	Henden Hell Jet 6., 193
	If more blanks are needed, addre s State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. I.



(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scruant, Cook, ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, Farm laborer, Laborer—Coal mine, etc. nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precisc statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealor At Home, and children, especially in industrial employments, it is neces-For many occupations a single word or term on yrs . without more precise specification as Day For persons who have no occupation not gainfully em-Wom-

Statement of Cause of Death—Name, first, the DISEANE CAUSING DEATH (the primary affection with respect to time and causation, using always the same accepted term for the same disease. Examples: Cerebrospinal force (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease diseases resulting from childbirth or misearriage as "PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. "Inanition," "Marasmus," "Old Agc," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Dability" ("Congenital," "Senite," "Tropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); American Medical Association.) approved by tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suncide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Chronic Whooping ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of interstitial nephritis, cough; Committee on Nomenclature Chronic valvular heart disease; etc. The contributory "Ilaemorrhage, Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. Although the data is essential and must be obtained before the certification permanently filed.

5 SINGLE.

MARRIED, OL WIDOWED, OR DIVORCED

(Write the word)

(Day)

(Year)

If more banks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting

If LESS than ! day hrs.

PERSONAL AND STATISTICAL PARTICULARS

(Month)

4 COLOR OR RACE

2FULL NAME

3 SEX

7 AGE

ARENTS

n

15

6 DATE OF BIRTH

OCCUPATION

9 BIRTHPLACE

(a) Trade, profession or particular kind of work

(State or country)

11 BIRTHPLACE

OF FATHER

13 BIRTHPLACE OF MOTHER

(State or country) 12 MAIDEN NAME

(State or country)

(b) General nature of industry

business, or establishment in

which employed or (employer)

STATE OF MARYLAND CERTIFICATE OF DEATH

			10
Registration	Dist.	No.	.0

St.:	Ward)	a hospital er insti	tu-
		tion, give its NAME	in-

number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH OCH / 1930
(Month) (Day) (Year)
I HEREBY CERTIFY, That I attended the deceased from
that I last saw himsalive on Sight 29 , 1980.
and that death occurred on the date stated above, at
The CAUSE OF DEATH * was as follows:
Bronelia-Preuminia
Complexaling Perlussis
(Duration) mos de
Contributory Secondary
(Duration) yry mosds
(Signed) Willard 3. Hudson M. D
Get 1 1930 (Address) Locat Hell mb
*State the Discase Causing Death, or, in deaths from Violent Causas, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of death yrs
Where was disease contracted, if not at place of death?
Former or usual residence.
Pine Crup M. C Oct. 3, 1930

properly classified of certificate. ms so that It may be netructions on back ACE FOR terms RESERVED in plain very important. MARGIN DEATH 9 ш CAUSE nformation state CAUS OCCUP CIANS should statement of OC

(4)

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc Women at home, who are engaged in the duties of the state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Solesman, (b) Grovery, (a) Foreman, (b) Automobile factory. The internal should be used only when needed. As examples : 'a' additional line is provided for the latter statement; is sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Nervant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully cmdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a Never return 'Laborer," "Foreman," "Manager," "Tealworked on may form part of the second statement. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many cupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Housemoid, etc. If the occupation has been changed Physician, For many occupations a single word or term on Compositor, For persons who have no occupation Architect, Locomotive engineer

Statement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Cyphoid fever (never report "Typhoid Pneumonia,");

> as fracture of skull, and consequences (e. g., sepses, telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Exhaustion," "Heart "Old Age, stated unless important. Example: Measles (disease State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles inges, pertlonaeum, etc., Carcinoma, Sarcona, etc., of . . . . . . . (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature eurbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary Chronic interstitial nephritis, American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train Never report mere symptoms or terminal condiascertained as the cause. Always qualify all cough; Chronic affection need etc. valirilar The contributory heart not discuse;

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A. Ithe data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND

CERTIFICATE OF DEATH

County Registration Dist. No. (If death occurred In .....Ward) Village or City a hospital or institution, give its NAME 1: of street and stead number.) 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH 3 SEX MARRIED. WIDOWEDA OR DIVORCED (Month) (Write the word) I HEREBY CERTIFY, That I attended the deceased from 17 6 DATE OF BIRTH (Day) (Year) (Month) If LESS than and that death occurred on the date stated above, at 7 AGE The CAUSE OF DEATH \*, was as follows: l day hrs. or min.? B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Durstion) which employed or (employer) Contributory Secondary 9 BIRTHPLACE (State or country) 10 NAME OF (Signed) FATHER (Address) 11 BIRTHPLACE S deaths from Disease Causing Death, or, in OF FATHER the FZ Violent Causes, state (1) Means of Injury and (2) Whether (State or country) Accidental, Suicidal or Homicidal. لنا 12 MAIDEN NAME 0: 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER PA ients or Recent Residents) 13 BIRTHPLACE In the At place State.....yrs.....mos... OF MOTHER of death ......yrs......mos......ds. (State or Country) Where was discare contracted, it not at place of dea h?... THE BEST OF 14 THE ABOVE IS TRUE Former or usual res.dence (Informant) DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL (Address) ADDRESS 20 UNDERTAKER Registras

UNFADING MARGIN OB 34 **8** 国 CAU inform etat ccu O item sho Every it CIANS stateme

tated EXACTLY, Properly classified.

preperly of certific

may n bad

nstructions that u

99

U

9

carefully H in plain

O

O (1)

SOZ

On.

0 T

of

houle

mp

--THIS uppiled

RESERVE

CORD

PLACE OF DEATH

If more banks are needed, addre.s Ltate Registrar, 15 W. Saratoga St., Balto., Lequesting V. S. Ivo. 1.

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocsary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an whatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. without more precise specification as Day For persons who have no occupation Wom-

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopasumonia ("Pneumonia,"

> (Recommendations on statement of cause of - American Medical Association.) (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ot use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Drcpsy," (E:haustion," "Heart failure," "Haemorrhage," atic), "Atrophy." "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY as fracture of skull, and consequences (e. g., sepsis, Never report mere symptoms or terminal condicough; Committee on Nomenclature Chronic etc. valvular heart disease; The contributory Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and moust be obtained before the certificate is permanently filed.

V. S. No.

N. E.

	PLACE OF DEATH	
	County Harford	
/	7	9.
37:1	llage or City Oxbpa (No.	20
VI	/ //	0
	2 FULL NAME Elizabeth	Susanu
-	PERSONAL AND STATISTICAL PART	
3 9	WIDOWED	CED
7	DATE OF BIRTH	word)
	mar 18	, 1879
	(Month) (Day	
7 /	5/ yrs. / mos. / 0	If LESS than a day hrs. or min.?
( b	CCUPATION (a) Trade, profession or particular kind of work b) General nature of industry pusiness, or establishment in which employed or (employer)	vife
9 8	(State or country) Maryland	
	10 NAME OF Charles Be Ve	engle
ENTS	OF FATHER (State or country)	
PARE	OF MOTHER Susaw Bo	fal
	13 BIRTHPLACE OF MOTHER (State or country) Maryland	
14	THE ABOVE IS TRUE TO THE BEST OF MY KNO	WLEDGE i
	(Informant) William H Lo	niger
-	(Address) Joppa	nu
15	Filed ofur 30 1980 Fredel	portoff 2 e Registrar

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

a Lom	St.:	Ward)	(If death occurred In a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDI	CAL CERTIF	FICATE O	F DEATH
16 DATE OF DEAT	н /	1 '/	7 - 1 - 5
***************************************	W	met	28, 19230
·	(M	onth)	(Day)(Year)
17 HERE	CERTIFY,	That latte	nded the deceased from
Steper	1928	to Wh	4/1
that I lost saw ha	Malive on	Chfr	ul 25, 19230,
and that death occ			above, at 41300m
The CAUSE OF DE		1 1	noses!
Carl.	LECO.	Luc	1020
J. 4.	can for	legu	
Chan	where		f-direction
mil	(D.6	tion)	yrs 6 mos ds.
Contributory			elux
Secondary			1
		stion)	yrs mos O ds
(Signed)	na		Torry Mp
Afrest 309	30 (Address)	/ Hav	u de Hanky
*State the	I iscase Causin state (1) Mea	no 1)eath.	or, in deaths from
		or Hospita	als, Institutions, Trans-
ients or Recent	Residents)	In the	
of deathyrs			yrsmosds
Where was disease coif not at place of de	ntracted, ea.h?		
Former or - usual residence	•		
9 PLACE OF BUR	AL OR REMOV	/AL	DATE OF BURIAL
Trinty Lu	thern Ce	meter	y Mayl , 19 30
20 UNDERTAKER			ADDRESS
Howard K.I	McComas.		Abingdon. Md.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; i sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, Spinner, nature of the business or industry, and therefore an tired 6 yrs.. For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. guged in domestic service for wages, as Servant, Cook, Housemeid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., without more precise specification as worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary froman, etc. But in many tion applies to each and every person, irrespective of whatever, write None. ployed. as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman. that fact may be indicated thus; Farmer (re-(b) Automobile factory. The material single word or term on 9 Grocery,

Strtement of Cause of Death—Name, first, the DISEA. TO USENG DEATH the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Lightheria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"; Typhoid fever never report "Typhoid Pneumonia";

"Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. American Medical Association.) carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease, Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved letanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Sarcoma, etc., ol by Committee on Nomenclature of the or intercurrent) affection need not be Example: Measles (disease contributory

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanantly fled.

m

S. No. 1

ENT

AR

PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE 4 COLOR OR RACE 16 DATE OF DEATH MARRIED OR DIVORCED (Month) (Day) If LESS than 7 AGE I day hrs. B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration D	181. 140	f
Ward)	a hospits!	occurred in or institu- ts NAME in- street and

### MEDICAL CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomendature of the "Uruemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); Meusles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septionemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar) or intercurrent) affection need not be stited unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) carbolic acid-probably suicide. Then ture of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy," Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

CORD

NENT MARGIN RESERVED FOR BINDING WITH UNFADING INK--THIS IS A PL

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE 1

PLACE OF DEATH	STATE OF MARTLAND
County Landon CORPORATE LIM	CERTIFICATE OF DEATH
0	Registration Dist. No. 185
Village or City Lane de Grace (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street an number.)
2FULL NAME / Carry VI. Carry	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, warred WIDOWED.  OR DIVORCED (Write the word)	16 DATE OF DEATH Oct 29 4, 1993 0  (Month) (Day) (Year)
6 DATE OF BIRTH December 23; 1874	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw have on 1920
7 AGE    If LESS that   I day   hrs     ds.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or forsework particular kind of work	Jarelysis - Cerebras
(b) General nature of industry	- 7 -
business, or establishment in which employed or (employer)	(Durstion) yrs mos de
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER John R. Wood,	(Signed) January (Address) Have de Search
11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Many Besttie	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs mos ds. State yrs mos d
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of desith?
(Informant) Fine hove	Former or usual residence
(Address) Havede Grace nea	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  WWw. 1. 19 3
15 Filed Oct 3, 1920 Charles Joley M. Referen	20 UN DERTAKER ADDRESS Lewwytonyton Ide Grace 24
If more branks are needed, address State Registr	ar, 16 W. Saratoga St. Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a " etc., Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise For persons who have no occupation (b) Automobile factory. The material specification as Day (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> stated unless important. Example: Measles (disease ...... (name origin; "Cancer" is loss definite; avoid use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, Whooping approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY Recommendations on statement of cause of death Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; or intercurrent) affection need Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Harford	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 180
Village or City Than (No	St.: Ward) (If death occurred in a hospit or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED.  Yeurse Colored (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH  OCL (Month)  (Day)  (Year)  7 AGE	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 ,19270 that I last saw h walive on 192 75
Byrs. B mos. H ds. or min.?  B OCCUPATION (a) Trade, profession or particular kind of work	The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsds
9 BIRTHPLACE (State or country)	Contributory Secondary  (Abrajon) loss mos de
10 NAME OF FATHER WASHINGTON	(Signed) May (Address) Elgrewood
OF FATHER (State or country) Unlawvivt 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental Suicidal or Homicidal.
OF MOTHER CHIMIC M Shrand  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs
(Informant) What Lowing	if not at place of death?  Former or usual residence
(Address) plan tudt	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  DATE OF BURIAL  20 UNDERTAKER  DATE OF BURIAL  DATE OF BURIAL  ADDRESS
Filed 192 192 Manual Registrar  If more byanks are needed, address State Rogistra	David Davidson upsper Tall
It more plants sie needed, addies state wegisted	

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; if cupation is very important, so that the relative health-Spinner, should by used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House er," etc., without more precise specification as Day laborer, Farm laborer. Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foroman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer the first line will be sufficient, e. g., Farmer ar Planter, tion applies to each and every person, irrespective of whatever, write Nane. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At scheal, ar At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Physician, Compositor, mer, (b) Cotton mill; (a) Salesman. (b) Gracery; Foreman, (b) Automobile factory. The materia. For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many Architect, Locomolive engineer (b)

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal letter (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Crohp"); Typhaid fever (never report "Typhoid Pneumonia"); Lobar preumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; carbalic acid -- probably suicide. The n. ture of the injury, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, atic), "Atrophy." "Collapse." "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing (secondar / unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, accident; Revalver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping ...... (name origin; "Cancer" is less definite; avoid perilonacum, etc., Carcinama, Sarcoma, etc., of Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumania (secondary), interstitial nephritis, cough; or intercurrent) affection need " "Marasmus," "Old Age, Chranic valvular heart disease; etc. The contributory " "Shock," not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLAC	E OF DEATH	ent of Commerce Bure	15073	STATE OF	MARYLAND
/	Harford deen Proving Gro	and	8		E OF DEATH Diet. No. 18/
Village or Ci	ty	(No		St: Ward	d) (if death occurred in a hospital or institu- tion, give its NAME is - stend of street and number.)
PERSC	NAL AND STATISTI	CAL PARTICULARS	MEDIC	AL CERTIFICATE	OF DEATH
3 SEX Female	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED. Married OR DIVORCED (Write the word)	December 24th , 1930  December (Month) 24 (Day) 1930 (Year)		
6 DATE OF BI	Septembe (Month)	· · · · · · · · · · · · · · · · · · ·	December 14	Y CERTIFY, That I at 1920. to Dec alive on Decemb	sember 24 , 192 30 per 24 , 19230,
7 AGE	26 yrs. 4		The CAUSE OF DEA		d above, at 9,00 Aem.
particular ki (b) General husiness, or which emplo 9 BIRTHPLAC (State or c  11 BIRTHP OF FAT Z L L L L L L L L L L L L L L L L L L	orofession or and of work the country of industry establishment in boyed or (employer)	therstone own white	Contributory Secondary  (Signed) D. C. A  Dec. 24 1922  *State the I Violent Causes, s Accidental, Suicidal  18 LENGTH OF RS ients or Recent R  At place of death Oyrs 6  Where was disease con if not at place of des	Duration) Disher, Major, O (Address) Aberd Disrase Causing Death tate (1) Means of lor Homicidal.  SIDENCE (For Hosp esidents) In the mos. Ods.  tracted,	Dyrs O mos 10 ds.  Med.Corps M. D.  een Proving Groundly, or, in deaths from injury and (2) Whether  bitals, Institutions, Trans-
(Ad	Ed. 24 19230 C	roving Ground, Md.	Philadelphi Dundertaker R. M. Mitche	ia, Pa.	Dec. 27 , 150
	If more b.anks are	Registral	r, 16 W. Saratoga St.,	Balto., Requesting V.	S. ho. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation er," etc., without more previous and in the duties of the should be used only when needed. As examples: (o) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective cl fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Former (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Carc should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Foremon, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Solesman, (b) Grocery; smon, (b) Automobile foctory. The material

Statement of Cause of Death—Name, first, the pisters causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup").

Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

"PUERPERAL seplicacmia," "PUERPERAL perilonilis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary Chronic interstitial nephritis, Whooping cough; ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature corbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely taken. For VIOLENT DEATHS state MEANS OF INJULY as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railwoy train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Corcinomo, Sarcoma, etc., of Never report mere symptoms or terminal condior intercurrent) affection need not be ass important. Example: Measles (disease Chronic valvular heart diseose; etc. The contributory

If this certificate is looked over thoroughly and all questions ariswered in detail, it will prevent further correspondence. All the duta is essential and must be obtained before the certificate is permanently filed.

statement of

PLACE OF DEATH	10483
County Hartoto	C
	183-C)
Village or City 13el air (No	ad advantable track of the contract and account of the contract of the contrac
2FULL NAME Urs William	a Isabel
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL
Temale White Single, MARRIED, Widow OR DIVORCED (Write the word)	16 DATE OF DEATH
May 1 186/	that dast prw h
7 AGE  [If LESS that I day here or min. 6 de. or min.	The CAUSE OF DEATH
8 OCCUPATION (a) Trade, profession or Housewife particular kind of work	(automor
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) Maryland -	Secondary
FATHER Christopher Scherer	(Signed) J. 7- Sept. 6 3
OF FATHER Z (State or country) UNRUSTOTE	*State the Dises Violent Causes, state Accidental, Suicidal or
of MOTHER Margaret Fisher	18 LENGTH OF RESIDENTS OF RECENT RESIDENTS
13 BIRTHPLACE OF MOTHER (State or Country)  WIRRICALL	At place of deathyrsmos
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contract it not at place of dea h?
(Informant) Johns W Lypus	Former or usual residence
(Address) Phills (a	Theen Mount C
15 Filed Rept 6 1930 N. E. Kichardson	29 UNDERTAKER
Te a la subsequence and address that all agists	ar. 16 W. Saratoga St., Ba

### STATE OF MARYLAND ERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and St.: Ward) number.)

CERTIFICATE OF DEATH .....(Duration)

nse Causing Death, or, in deaths from (1) Means of Injury and (2) Whether Homicidal.

ENCE (For Hospitals, Institutions, Transents)

State.....yrs.....mos....

R REMOVAL

ADDRESS

DATE OF BURIAL

to., Lequesting V. S. Ivo. 1

Ö Ø

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective ci cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Housemaid, etc. If the occupation has been changed ," etc., Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Locomotive engineer, Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal serial meningitis"); Diphtheria (avoid use of "Croup"); Sylphoid fever (never report "Typhcid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia");

"Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "IIaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptominges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be st.ted unless important. Example: Measles (disease st\_ted unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-..... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

No.

vô

1.00

Z

PLACE OF DEATH County Aufard	051	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 8
Village or City Ollect (No. 2FULL NAME Mes	lace Mad	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instend of street and number.)
PERSONAL AND STATISTICAL PAR	TICULARS MED	CAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWS OR DIVOI (Write the	word)	(Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Da	65 1865 Chat I lest saw h	192 b. to Carry 25, 1923
7 AGE 65 yrs. Unite	[If LESS than and that death occ	sured on the date stated above, at 43 H.m.
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	er.	(Duration) yrs mos ds
9 BIRTHPLACE (State or country)	Contributory	(Dyrstion) ( yrs. mos. ds.
10 NAME OF FATHER WILLIAM	(Signed) Ch	Os (Address) Below M.D.
OF FATHER  (State or country)  12 MAIDEN NAME		Disrase Causing Death, or, in deaths from state (1) Means of Injury and (2) whether al or Homicidal.
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE	18 LENGTH OF 1	RESIDENCE (For Hospitals, Institutions, Trans- Residents)
OF MOTHER (State or country) Mukeuor	At place of deathyrs  Where was disease coif not at place of deathyrs	ontracted,
His parish full de la le	W Hause Former or usus residence	
Elegit (Address) Belan	Med. Il Janas	tue ath care fair 38, 1930
15 Filed Jan 27 1920 NE Kich	arlson 20 UNDERTAKER Hornberg	er & Gross Beuson med
If more banks are needed, add	ross State Registrar, 16 W. Sarat Ca St.	, Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House er," etc., Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Aever return 'Laborer,' "Foreman," "Manager," "Doul-Civil engineer, Stationary freman, etc. But in many Physician, Compasitor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc., without more precise specification as Day (b) Automobile factory. The material (b) Grucery;

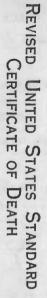
Statement of Cause of Death—Name, first, the DISSERIES CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite syncnym is "Epidemic ecrebrospinal moningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia");

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mer-American Medical Association.) lclanus) may be stated under the head of "contributory. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), inges, perilonacum, etc., Carcinoma, Sgrconu, If this certificate is looked over thoroughly and all questions as fracture of skull, and consequences (e. g., serwes, accident; Revolver wound of head -homicide; Poisoned by or as probably such, if impossible to determine definitely can be ascertained as the cause. (secondary Chronic interstitial nephritis, approved by Committee on Nomenclature of the (Recommendations on statement of cause of carbolic acid-prabably suicide. Examples: Accidental drowning; Struck by railway train-.... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; or intercurrent) affection need not be Chronic Example: Measles (disease etc. The contributory The nature of the injury, valvular heart Always qualify all disease; Measles; etc., or

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

WE S			
(II)	YSI-	1PLACE OF DEATH	12505 STATE OF MARYLAND
(X)	EX	County Harlord	CERTIFICATE OF DEATH
	ed	(Pocks, md	Registration Dist. No. 183
	D I	Village or City Roseks (No	St.: Ward) (If death occurred in a hospital or institu-
	ORI KAC clas clas	0+1 El m	tion, give its NAME in- stead of street and
	ed EXAC eerly class	2FULL NAME (SULPO CEMORE) /1/2	igness number.)
	Con tag	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
U	e st	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED,	16 DATE OF DEATH OPL . 24 . 1980
Z	ld b	Male White OR DIVORCED (Write the word)	(Month) (Day) (Year)
	ERAMA hould t may on bac	6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
m	0 0 0	September 12 , 1861 (Month) (Day) (Year)	that I last saw have alive on Och 22 , 1920,
Ö	ACE o that	7 AGE [IfLESS than	and that death occurred on the date stated above, at 5 am.
T	S sd.	69 yrs. 1 mos. 12 ds. or min.?	The CAUSE OF DEATH * was as follows:
VE!	pplie erms	B-OCCUPATION .	
ESERVED	NKIy sul	(a) Trade, profession or particular kind of work Carpenter	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ES	G IN	(b) General nature of industry business, or establishment in	(Durstion) yrs. mos da.
2		which employed or (employer)	Contributory Secondary
5	FADI be con EATH imp	(State or country) Maruland	Duration)ds.
MARGIN	UNFADIN uld be car F DEATH I	10 NAME OF FATHER A THE	(Signed) Epallo Mana M. D.
Σ	Shour should should be soon	of 11 BIRTHPLACE	25 (Address) 5 11 10 1 10 10 10 10 10 10 10 10 10 10 1
	NO SINO	Z (State or country) Maryland	*State the Disease Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	ATI	of Mother Man	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	inform state ccupy	13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place In the
	400	(State or Country) Maryland	of deathyrsmosds. Stateyrsmesds. Where was disease contracted,
	E I	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	WRIT y iter y sk sk emen	(Informant) Office to Conson	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
1 ***	W ery ARS	(Address) Bharen mg.	mt Carmel Cem Temmorton Oct 27, 1930
F 495	STOE STORY	61 - 7	20 UNDERTAKER ADDRESS

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. 10. 1.



(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DRATH. Spinner, (b) Cotton should be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmel gaged in domestic service for wages, as Servant Court to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, For many occupations a single word or term on especially in industrial employments, it is necesyrs). Form laborer, without more precise specification as Day For persons who have no occupation Cotton mill; (a) Salesman. (b) Grocery; (b) Automobile factory. The material (a) the kind of work and also (b) the Laborer--Coal minc, etc. not gainfully em-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> lelanus) may be stated under the head of "contributory." \*\*Recommendations on statement of cause of American Medical Association.) approved as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The niture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-State eause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease Chronic interstitiol nephritis, Whooping (secondary or intercurrent) affection need not be "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS state MEANS OF INJURY by cough; Committee on Nomenclature Chronic Example: Measles (disease valvular heart diseose etc. The Always qualify all contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in perhanently filed

V. S. No. 1

i m ż

Co	<sup>1</sup> PLACE	of DEA	тн		: a	03035	CERTIFICAT	MARYLAND TE OF DEATH The Dist. No. 180
Villag				(No			St: Wa	rd) (If death occurred im a hospital or institu- tion, give its NAME in- stead of street and number.)
	PERSON	AL AND	STATIST	ICAL PARTIC	ULARS	MEDIC	AL CERTIFICATE	OF DEATH
3 SEX	× Male		OR RACE	WIDOWED.	Single	16 DATE OF DEATH		1930. , 192 4 (Dsy) 1930(Year)
6 DAT	TE OF BIRT		ebruary (Month	12 ) (Day)	, 1.904 (Year)	February 23,	CERTIFY, That I	arch 4 , 19230,
7 AGE	****	26 yrı	sQ	mos. 20_c	If LESS than I day hrs. or min.?	The CAUSE OF DEAT		
(a) part (b) busi	Trade, pro ticular kind General na iness, or es	d of work, ture of in- tablishmen	dustry it in	Sold	lier		(Duration)	
9 BIR	RTHPLACE (State or cou		Indian		1400010404	Contributory Secondary	(Divation)	Дуть
	O NAME OF		Unknow			(Signed) WALTER I	RICHARDS,	Major, M.C. M.D. od Arsenal, Md.
NTS	OF FATHE (State or	eR country)	Indian	na		*State the I'Violent Causes, st Accidental, Suicidal	is ase Causing Dea ate (1) Means of or Homicidal.	th, or, in deaths from injury and (2) Whether
PAR	OF MOTH		Unknow	m			SIDENCE (For Ho	spitals, Institutions, Trans-
13	OF MOTH (State or	ER	Indian	18		At place of deathyrsn	lnds.	Stateyrsmosds.
	(Informant)	Reco	rds, T	J. S. Army	•	Where was disease cont if not at place of dea. Former or usual residence		DATE OF BURIAL WKNOWN, 19
I5 Fi	Anna de la constantina della c	ch 5 1	980 Fr	ed elle	rlok Registras	HOWARA M	CCOMAS	Abingdon, Md

Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer Coal mine, etc. Wom-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Plunter, tion applies to cuch and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) For persons, who have no occupation Locomotive engineer, Grocery,

Statement of Cause of Death—Name, first, the DISEA: (TUNING DEATH (the primary affection with respect to think and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"E:haustion," "Heart Lanux," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Drepsy," "E:haustion," "Heart failure," "Haemorrhage," telanus) may be stated under the head of "contributory." "PUERPERAL septieaemia," "PUERPERAL peritonitis, stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthonia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. (secondary "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi interstitial nephritis, (name origin; "Caneer" is less definite; avoid cough; or intercurrent) Chronic affection need not be etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FOR

	PLACE OF DEATH	
	County Harford	
Vil	llage or City Jarrettsville (No	
	PERSONAL AND STATISTICAL PARTICUL	ARS
	SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED. WIDOWED. (Write the word)	dower
6	DATE OF BIRTH	
	June 15 (Day)	, 1.858 (Year)
7 /	7 2	fLESS than dayhrs.
P	occupation (a) Trade, profession or carticular kind of work b) General nature of industry pusiness, or establishment in which employed or (employer)	
9 8	(State or country)  Balto. Co. Md.	
	FATHER Frederick Markley	
RENTS	OF FATHER (State or country) Germany	
PARE	12 MAIDEN NAME OF MOTHER Not Known	
1	of MOTHER (State or country) Germany	and at
14	(Informant) Wm. Markley	)GE
	(Address) Rocks Md.	***************************************
15	THE CONTRACT OF THE CONTRACT O	wy Registrar

08087 STATE OF MARYLAND CERTIFICATE OF DEATH



Registration Dist. No. 183

St.:W	ard) (If death occurred in a hospital or institu- tion, give Its NAME in- stead of street and number.)
	74 04 4 0 0 0 1

MEDICAL CERTIFICA	TE OF DEATH
	, 193 J
(Month)	ated above, at
Contributory Secondary (Duration) Signed)	yre / mos / 0 de.
*State the Disease Causing De Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	eath, or, in deaths from Injury and (2) Whether
18 LENGTH OF RESIDENCE (For H	ospitals, Institutions, Trans-
At place Ir of deathyrsmosds.  Where was disease contracted,	s the Stateyrsmosds.
f not at place of dea.h?	
9 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Jarrettsville, Cem.	July 20 , 19 30
O UNDERTAKER	ADDRESS
E.G.Kurtz & Son	Jarrettsville,

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. business, that fact may be indicated thus; Farmer (re state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocor At Home, For many occupations a single word or term on yrs.. For persons who have no occupation Farm laborer, without more precise specification as Day and children, Laborer-Coal mine, etc. Womnot gainfully em-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, "Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal pertionitis," etc. can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atie), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonueum, etc., Carcinoma, Sarcoma, etc., oi ...... (name origin; "Cancer" is less definite; avoid causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic valvular heart disease; Example: Measles (disease affection need not be etc. The contributory Always qualify all

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD ANENT NDING MARGIN RESERVED FOR Y, WITH UNFADING INK--THIS IS A WRITE

S No. 1

N. B.-

PLACE OF DEATH	1738 STATE OF MARTLAND
County Lanford	CERTIFICATE OF DEATH
	Registration Dist. No. / Y
man 4 11 ff	(If death occurred in
Village or City Joseph (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME James JM	Pasten stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH Leb 13 1930
male white WIDOWED.	
(Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from Jel 11 1 120 to Jel 13 1900
De 3, 1894	that I last saw har alive on Jel 13 , 150
(Month) (Day) (Year)	
7 AGE IfLESS than I day hrs.	
36 vrs. 2 mos. 10 ds. or min.?	
8 OCCUPATION	Chrone myocardeal Disease
(a) Trade, profession or particular kind of work	
(b) General nature of industry	<u></u>
business, or establishment in which employed or (employer)	(Duration) Tyrea mos de
92	Contributory Conglishon of right length
9 BIRTHPLACE (State or country)	asthma (Durstion) & Jrs. mos.
1 10 NAME OF A C h	(Signed) Willard P. Hudson M. I
FATHER Frank Martino	Jeb 14 190 (Address) Toust Hell, md
11 BIRTHPLACE	Couring Death or in deaths from
C (State or country)	Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
U 12 MAIDEN NAME	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran
of MOTHER Chile Lagon	ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place in the of deathyrsmosds. Stateyrsmosd
(State or Country) MC	Where was disease contracted, if not at place of dea.h?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Formet or
(Informant) Frank Marten	usual res.dence
(Internall) / 111 PD	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Journ Hill	A Ignatus Jery 15. 130
15 Feb 14 SONE Richardson	20 UNDERTAKER ADOVESS
Filed Registrat	Dean & Fester Bel an mid
If more b.anks are needed, addre.s Ltate Registra	ar, 16 W. Saratoga St., Balto., Lequesting V. S. i.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, (b) Collon mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary froman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to e.ch and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemiz cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopacumonia ("Pneumonia,")

"Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be st-ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Drcpsy," (E.haustion," "Heart failure," "Hamorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Whooping American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic valvular heart disease; etc. The contributory Always qualify all

If this certifical is looked wer, thoroughly and all qu stions answered in detail, it will prove further correspondence. All the data is essential and must be obtained between the certificate is permanently fied.

S. No. 1.

0

ż

certificate

back

0

	<sup>2</sup> FULL NAME
3 50	PERSONAL AND STATISTICAL PARTICULARS  4 COLOR OR BACE   8 SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write tipe word)
	e of Birth  Apr. 5,1430  (Month) (Day) (Year)
<sup>7</sup> AG	If LESS fhan   1 day,hrs.   ORmin. ?
par	Trade, profession, or Nonce
bus	General nature of Industry ess, or establishment in 1 empleyed (or empleyer)  THPLACE State or country)
bus	General nature of Industry ess, or establishment in 1 empleyed (or empleyer)
9 BI	General nature of Industry ess, or establishment in 1 employed (or employer)  THPLACE State or country)  IO NAME OF State of FATHER State of Months  11 BIRTHPLACE
bus whi	General nature of Industry ess, or establishment in 1 employed (or employer)  THPLACE State or country)  IO NAME OF State of FATHER State of Mosting FATHER State of Mosting

I DI ACE OF DEATH

04389

#### STATE OF MARYLAND CERTIFICATE OF DEATH

180-181

Registration Dist. No.

.St.;..........Ward)

[If death occurred in a hespital or inclitution, give its NAME instead of sireet and number.]

MEDICAL CERTIFICA	TE OF	DEATH	
16 DATE OF DEATH ap	Y	5	1970
V (Ma	nth)	(Day)	(Year)
7 I HEREBY CERTIFY, That	latte	nded decea	sed from
, to		***************************************	, 191
that I last saw halive on			191
and that death occurred on the da			tn
The CAUSE OF DEATH * was as f	ollows		
A. p. J.			• • • • • • • • • • • • • • • • • • • •
tillon	1		
		1	
(Oural	ion)	yrs m	08
Contributory			
Af A Gura	lien)	yrs	68
(Signed) And allun	cay		. M.
1 km 5 3, p	100	m	2-
, 190/D (Address)/.	011	1	
*State the DISEASE CAUSING DEAT CAUSES, state (1) MEANS OF INJURY:	and (2)	whether Acci	VIOLENT IDENTAL,
Suicidal or Homicidal.			
18 LENGTH OF RESIDENCE (FOR HOSPI OR RECENT RESIDENTS)	TALS, IN	STITUTIONS, T	PANSIENT
At place	In The		
of deathyrsmasds.	Stale,	yrs	mos (
Where was disease contracted, if not at place of death?			
Former or			
usual residence			
19 PLACE OF BURIAL OR REMOVAL	0	ATE OF BUE	RIAL
St Desert Compt	A	pril 7	19130
St.Francis Cemetery	1		, 1912.0
20 UNDERTAKER		DORESS	
Howard K.McComas,	A	bingdo:	n, Md.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, ougaged in domestic service for wages, as Servant, Cook, employed, as At school or wife, Housework, or At Home, and children, not gainfully Housemaid, etc. taken to report specifically the occupations of persons who receive a definite salary), may be entered as House-"Foreman," "Manager," "Dealer," etc., without more mill: (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to applies to each and every person, irrespective of age. know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Flanter, Physiness of various pursuits can be known. The question -('oal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. many occupations a single word or term on the very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed At home. Care should be Never Locomotive engineer, return If retired from "Laborer," (b) Auto-Ciril

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tubercubsis of lungs, mevin-

on statement of cause of death approved by Committee under the head of "Contributory." surgical operation was undertaken. For VIOLENT DEATHS on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, tetanus) may be stated suicide. Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably to determine definitely. Examples: Accidental drowning. SUICIDAL, or HOMICIDAL, or as probably such, if inpossible state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. State cause for which birth or misearriage as "PUERPERAL septicharmia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anacmia" symptoms or terminal conditions, such as "Asthenia," chopneumonia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping Always qualify all diseases resulting from childnia" (merely symptomatic), "Coma," "Convulsions," The nature of the injury, as fracture of skull (secondary), 10 ds. Never report mere The contributory (secondary or intercurby carbolic acid—probably "Dropsy," ), "Atrophy," "Debility" (Recommendations "Exhaustion," ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

3 1930 AU V

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR WRITE

V. S. No. 1

PLACE OF DEATH	08088 STATE OF MARYLAND
County Harford	GO CERTIFICATE OF DEATH
	Registration Dist. No. 182
Village or City Mean Belowin M	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME John & Man	theus tion, give its NAME is stead of street and number.)
PERSONAL AND STANSTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mule White Single, MARRIED Molorum OR DIVORCED (Write the word)	16 DATE OF DEATH  (Vonth) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h and alive on A cely 2 f 1920,
about 80 yrs. 1000, de or min.	s. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Mysca-del Valen och
business, or establishment in which employed or (employer)	(Duration) yrs. mos ds,
9 BIRTHPLACE (Ntate or country)	Contributory Secondary
10 NAME OF Muleuren	(Signed) Charles M. D. Ally 22 1930 (Address) Belan no
U) 11 BIRTHPLACE OF FATHER Z (State or country) U	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER  Mulinoun	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country)  Muhuwur	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) PJ Felypalrich	Former or usual residence
(Address) Bellu, Md	Conty Home Sep 22, 1980
15 File July 27 1920 ME Tucharden	Deen Taker Bellin Mo
If more banks are needed, address State Registr	ear, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner. state occupation at beginning of illness. If retired from ruyswan, Compositor, Architect, Locomotive engineer, Civil ongineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, guged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed as At school, or At home. Care should be taken work, or At Home, and children, definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it Foreman, For many occupations a single word or term on yrs). Farm laborer, (b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the Laborer--Coal mine, etc. not gainfully em-Wom-

Statement of Cause of Death—Name, first, the DISAL EARLY (USING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal force (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dishtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJULY "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory American Medical Association.) Examples: Accidental drowning; Struck by railway train-Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD X. LY, WITH UNFADING INK--THIS IS A PERMANENT WRITE

DING

MARGIN RESERVED FOR

V. S. No. 1

PLACE OF DEATH County Karford	STATE OF MARYLAND CERTIFICATE OF DEATH
	(129) Registration Dist. No. 182
Village or City Ool Clic (No.	St.: Ward) (If death occurred is a hospital or institu
2FULL NAME Emma 16 MC.	Hoee tion, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH CALL 2 HS , 1923 C (Month) (Day) (Year)
6 DATE OF BIRTH  Oct 29, 1862  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 0. to 192 0 that I last saw h Valive on Class 192 0 192
7 AGE  68 yrs. 9 mos. 27 ds. or min.?	
6 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	My ocardela y Emmes  Seplestes  (Duration) yrs. mos. ds
which employed or (employer)	Contributory Secondary  (Duration)  (Sixped)  (Sixped)  (Sixped)
FATHER STANSON COLE  II BIRTHPLACE OF FATHER (State or country) II MAIDEN NAME  OF TATHER STANSON COLE  OF TATHER STANSON COLE	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER  OF MOTHER OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds. State yrs mos ds.
(Informant) Alaymond Michie	Where was disease contracted, if not at place of death?  Former or usual residence.
(Address) A 1980NE Richardson Registras	Mr Carmal Date of BURIAL  20 UNDERTAKER  Deau 4 Foster Bel air
If more blanks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Civil engineer, Stationary fireman, etc. But in many Physician, Campositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in dolnestic service for wages, as Servant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs. For persons who have no occupation Farm laborer, without more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the Laborerperson, irrespective of Coal mine, etc. Locomolive engineer, (b) · Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal forer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

approved by Committee on tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL seplicacmia," "PUERPERAL perdonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (c. g., sepsis, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY Never report mere symptoms or terminal condicough; Chronic etc. The contributory affection need not be valvular heart disease; Nomenclature Measles; death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD ANENT WITH UNFADING INK--THIS IS A MARGIN RESERVED FOR WRITE V. S. No. 1

1PLACE OF DEATH	05641
	STATE OF MARYLAND
County Turboid. WITHIN GORPORATE	CERTIFICATE OF DEATH
	Registration Dist. No. 185
Village or City Java de Nosce Mil	Wards (If death occurred in a hoapitul or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5-SINGLE,	16 DATE OF DEATH
Male White (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
May 28, 1877	3 1927 . to Mary 76. , 1920,
(Month) (Day) (Year)	that I last saw h malive on fighting to , 1920,
7 AGE 59 If LESS than I day hre.	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
J3 yrs. mos. 1 ds. or min.?	A La huntersion
a occupation .	Attesta nehlastes
(a) Trade, profession or particular kind of work	matrul Resursatation
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration) yrs. (2 mos. de.
9 BIRTHPLACE (State or country)	Contributory Musonary Helder Contributory Secondary
10 NAME OF	(Duration) yrs mos 3 ds.
FATHER Showers Me Cluse	(Signed) M. D. S. 26 1920 (Address) Januar de Deur Ins.
OF FATHER Z (State or country) Language Co /a	*State the Disease Causing Death, or, in deaths from Violent Causea, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Margaret Sempson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Laureuster (o la	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, 7 if not at place of dea.h?
(Informant) William Mc Clure	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Offord Censlery, 19
Filed May 26 1930 Chas. J. Juley Dr. X. Registrar	20 UNDERTAKER ROGERS ADDRESS
If more bianks are needed, address State Registrat	, 16 W. Saratoga St., Bulto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more prevent laborer, Farm laborer, Laborer—Coal mine, etc. Womlaborer, Farm laborer, Laborer—to the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from nature of the husiness or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material whatever, write None. For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) Grocery; Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

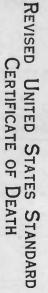
diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. approved by Committee on Nomenelature of the (Recommendations on statement of eause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH

	/	A			
1	0	V		)	
1	1	J	1	1	

STATE OF MARYLAND CERTIFICATE OF DEATH EXACTLY, F Registration Dist. No. 180 (If death occurred in Ward) a hospital or institution, give its NAME instead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED (Write the word) (Month) (Day) I HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH uction (Day) (Month) (Year) Ilf LESS than 7 AGE and that death occurred on the date stated above, I day hrs. The CAUSE OF DEATH \* was as follows: CCUPATION a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory BIRTHPLACE Secondary (State or country) DO 10 NAME OF shoul E OF 11 BIRTHPLACE RENTS OF FATHER Disease Causing Death, for, in the deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. S (State or country) 5 OIL 12 MAIDEN NAME IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-PA OF MOTHER inform ients or Recent Residents) OCCUP 13 BIRTHPLACE At place In the OF MOTHER State\_\_\_\_yrs of death (State or Country 0 Where was disease contracted, if not at place of dea.h?... of shou Every item CIANS sho statement Former or usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 20 UNDERTAKER ADDRESS If more bianks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material -Coal mine, etc. Wom-6

Statement of Cause of Death—Name, first, the pisses causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertlonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-Whooping cough; Recommendations on statement of cause of death FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the dark is essential and must be obtained before the certificate is permanently filed.

75-	6	080
-		

#### STATE OF MARYLAND CERTIFICATE OF DEATH

PLACE OF DEATH	STATE OF MARYLAND
County Harford	CERTIFICATE OF DEATH
O O O O O O O O O O O O O O O O O O O	Registration Dist. No. 185
Village or City Hallace (No.	St: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Lengumat.	n Daville tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICA PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jeuse Color OR RACE SAINGLE, MARRIED, WIDOWED, W	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH  Octobe/ 20, 1877.  (Month) (Day) (Year)	that I last haw he alive on 1920, to 1920,
7 AGE    If LESS than   1 day hrs.   ds. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or Blowwork  (b) General nature of industry business, or establishment in	Paralysis (Duration) VIS. 1 mos ds.
which employed or (employer)	Contributory Carland Failure
9 BIRTHPLACE (State or country) Maryland.	Secondary (Duration) yes. Doe O de.
10 NAME OF FATHER Sharley Waters.	(Signed)
OF FATHER (State or country) Manyland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mary Dullars	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Municipal (State or Country)	At place In the of deathyrsmosds, Stateyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Eld Gidding	Former or usual residence
(Address) Helsace rule.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Leculpringfour July 23 1920.  20 UNDERTAKER ADDRESS
Filed July 22 1920 6 Keeles J. July 200	Tellementon ou Hallner

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. I.

V. S. No. 1

m

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Collon mill; (a) Salesman. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Plunter, fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 yrs). busine ..., that fact may be indicated thus; Furmer (rc. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed. as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekcepers who receive a laborer, Farm laborer, Loborer—Coat minu, etc. woun-en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Stotionary fireman, etc. But in many Physician, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthto report specifically the occupations of persons en-Foremun, (b) Automobile foctory. The material For many occupations a especially in industrial employments, it is neces-Farm laborer, Loborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation single word or term on (3) The ques-Grocery,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtherio (avoid use of "Cyoup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopncumonia ("Pneumonia,")

> tetonus) may he stated under the head of "contributory." "Debility" ("Congenital," "Senilc," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorthage," "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," stated unless important. unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicuomia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondar/ or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY Examples: Accidental drowning; Struck by railway trainperilonaeum, etc., Coreinoma, Sorcoma, etc., of Never report mere symptoms or terminal condi (name origin; "Cancer" is less definite; avoid cough; Chronic etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CORD WRITE LINLY, WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR H V. S. No. 1

Village or City Lempus Wo.	Registration Dist. No. / O / O / O / O / O / O / O / O / O /
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SSINGLE, MARRIED, WIDOWEDS OR DIVORCED (Write the word)	16 DATE OF DEATH Murch 20, 19\$ (Month) (Day) (Year
6 DATE OF BIRTH  May  (Mogski) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased for the first saw bly alive on March 16 , 192
7 AGE    If LESS than   I day hrs. or min.?	and that death occurred on the date stated above, at 6-2000.  The CAUSE OF DEATH * was as follows:
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER DEVILLE O'LLAND,  11 BIRTHPLACE OF FATHER (State or country)  2 Claud.	(Signed) (Address) (Sympton Mos.)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homieldal.
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents)  At place of deathyrsmosds. In the Stateyrsmos
(Informant) D. J. J. W. Douald	Former or usual residence
	Best & rie Country Mich 22,100

(Approved by U. S. Census and American Public Health Association.)

laborer, sary to know (a) the kind of work and also (b) the tired 6 yrs). state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the er," etc., Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits ean be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Furner (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekcepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Foreman, or At Home, and children, not gainfully em-For many occupations a Farm laborer, Loborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation single word or term on (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ten in for the same disease. Examples: ("erebrospinal fever (the only definite synonym is "Epidemic cerebrose spinal meningitis"); Diphtheria (avoid use of "Coup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Wcakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e g., sepsis, curbolic acid-probably suicide. The n ture of the injury, accident; Kevolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicuomia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar, or intercurrent) affection need not be American Medical Association.) Recommendations on statement of cause of taken. FOR VIOLENT DEATHS state MEANS OF INJURY Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi .. (name origin; "Cancer" is less definite; avoid Example: Measles (disease Measles;

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN

No.

vá.

Ė

7 AGE

& OCCUPATION

9 BIRTHPLACE (State or country)

S

RENT

PA

10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER

(State or country)

(a) Trade, profession or particular kind of work

(b) General nature of industry business, or establishment in which employed or (employer)

County	e of DEATH larzord.  Haurado Gra	ee. (No.	08086	STATE OF M CERTIFICATE  Registration D  St.: Ward)	OF DEATH Dist. No. 185
		honing Me Fod		AL CERTIFICATE O	a hospital or institu- tion, give Its NAME in- stead of street and number.)
TOMAIC.	uhite.	SSINGLE, 46 S. MARRIED. S. WIDOWED. SUPPLY OR DIVORCED (Write the word)	16 DATE OF DEATH	lig 1	(Day) (Year)
DATE OF BI		7 , 1929. (Day) (Year)	June 2	CERTIFY, That I atter	nded the decembed from

[If LESS 1 day

	MEDICAL CERTIFICATE OF DEATH
-	16 DATE OF DEATH
	July 187, 1920
ļ	(Month) (Day) (Year)
1	17 HEREBY CERTIFY, That I attended the decemed from
	June 2 9 192 12. to July 192
1	that I last saw has alive on There 30, 192,
1	
i	and that death occurred on the date stated above, at # 204. The CAUSE OF DEATH * was as follows:
ı	The CAUSE OF DEATH * was as follows:
l	
ı	ardiget, Desompricelyer
	Roduta
	(Duration)wremos
	Contributory
	Secondary
	Dination)yrsmosmos
	(Signed) / Stally D / D & M.
	7-1 1921) (Address) Harry & June M
1	
	*State the Disease Causing Desth, et, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental. Suicidal or Homicidal.
-	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trat
	ients or Recent Residents)
	At place In the
1	of death yrs. nos. ds. State yrs. nos.
	Where was disease contracted, if not at place of dea.h?
	Former or
1	usual residence
-	19 PLACE OF BURIAL OR REMOVAL A DATE OF BURIAL
	To whill En the My 2
	Impliable enelly they , 19 1

12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Address) Registrar If more beanks are needed, addre. s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

ed in Welson - sign

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

er," etc., Wilnum Laborerstate occupation at beginning of illness. If retired from fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Solesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusines, that fact may be indicated thus; Farmer (re Housemaid, etc. household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, or At Home, and children, For many occupations a single word or term on yrs . without more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia. If the occupation has been changed -Coal mine, etc. not gainfully em-Grocery,

Statement of Cause of Death—Name, first, the DISEAL SCAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) carbolic acid-probably suicide. The nature of the injury. or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Sanile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning, Struck by railway train "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Chronic interstitial nephritis, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is loss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of (secondary Whooping cough; FOR VIOLENT DEATHS state MEANS OF INJULY Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart disease; Example: Measles (disease etc. The contributory Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. /80

(If death occurred in a hospital or institu-tion, give its NAME in stead of street and

CERTIFICATE OF DEATH

(Month) (Day) HEREBY CERTIFY, That I attended the deceased from

and that death occurred on the date stated above, at ...

\*State the Discase Causing Death, Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

In the

DATE OF BURIAL

Abingdon . md

If more banks are needed, address State Registrar, 16 W. Saratoga St., Belto., Requesting V. S. No. I.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilacmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., o tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate— CORD ANENT M.Y., WITH UNFADING INK--THIS IS A WRITE

DNICKIA

MARGIN RESERVED FOR

	PLACE OF DEATH	13857 STATE OF MARYLAND		
	County Harford County.	CERTIFICATE OF DEATH		
	000 000	Registration Dist. No. /80		
	Village or City Murchelle (No. Irlage	St.: Ward) (If death occurred in a hospital or institution, give its NAME in		
	2FULL NAME Marian Mc	Jongall stead of street and number.		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
	Jemale and Single, Single or pivorced (Write the word)	16 DATE OF DEATH 70 3 V/ , 1990		
	March 28, 1847  (Month) (Day) (Year)	that I last saw h 4 alive on My. 2 1923		
	7 AGE  8 3 yrs. 5 ds. lf LESS than I day hrs. or min.?	and that death occurred on the date stated above, atm The CAUSE OF DEATH * was as follows:		
	(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	Dy condition yrs mos ds		
	9 BIRTHPLACE (State or country) Manyland	Contributory Secondary  Ourstion yrs mos de		
6 60 6	10 NAME OF Laniel Mc Donigall	(Signed) Mar Rich orres My My 1977: 4 1932 (Address) Bulling 12		
	OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN NAME  19 MAIDEN NAME  10 MAIDEN NAME  11 MAIDEN NAME  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
	of MOTHER Waxikla Smith	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)		
	13 BIRTHPLACE OF MOTHER (State or Country)  Maryland	At place of deathyrsmosds. In the Stateyrsmosdawnwisedawnwisedawnwisedawnwisedawnwisedawnwisedawnwisedawnwisedawnwisedawnwisedawnwisedawnwisedawnwisedawnwisedawnwise		
	(Informant) ATTS ) A CARLOWING TO	if not at place of dea.h?		
	(Address) Churchville Mills	Ourchall Troty Tree Centry 20 5 , 193		
	Filed Nov. 5 19230 Fred Markoth Cook Registrar	Howard K Melaun abuydon		
	If more branks are needed, address State Registrar	, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.		

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planler, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, without more precise specification as Day Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, taken. FOR VIOLENT DEATHS state MEANS OF INJURY American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; nephritis, etc. The contributory Always qualify all

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH WITHIN CORPORAT	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 185
Village or City Hellace No. 92 2FULL NAME Thomas mc	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Mule (Write the word)	16 DATE OF DEATH
DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the decembed from 1980 to Mac 27, 1920 that I last saw h mastive on Mac 27, 1920,
7 AGE  alt., 67 yrs mos. ds. or min.?	and that death occurred on the date stated above, at 3 m. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Sendity-Cardiae Velompenetion
9 BIRTHPLACE (State or country) Ulukuowu.	Contributory Secondary  (Daration) yrs. mos. y. ds.
10 NAME OF FATHER Underwow.  11 BIRTHPLACE OF FATHER (State or country) Velebreow.	(Signed)
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country) Ulukuoww.	BLENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyramosds
(Informant) Helicae Hasfartal  (Address) Helicae Hasfartal	Where was disease contracted, if not at place of dea.h?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Abril 3.19 3.29
Filed apr. 3, 19230 Chas J. Foley. A.D. Registrar	20 UNDERTAKER ADDRESS  Panington & Son H. De. Grace, Mo
If more beanks are needed, address State Registrar	, 16 W. Saratoga St., Bilto., Requesting V. S. No. 1.

(Approved-by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Houseen at home, whe are engaged in the duties of the er," etc., Without more province of the laborer, Farm laborer, Laborer—Coal minc, etc. Womnature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed. us At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman. (b) For persons who have no occupation (b) Automobile factory. The materia. Grocery,

Statement of Cause of Death—Name, first, the DIS, EAST (\*105:NG DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: \*Cerebrosphul fever\* (the only definite synonym is "Epidemic cerebrospinal meningitis"; \*Diphtheria avoid use of "Croup!"); Typhoid fever (never report "Typhoid Pneumonia"); \*Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

American Medical Association.) tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Sanile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," approved Recommendations on statement of cause of as fracture of skull, and consequences (c. g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, perdonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-(secondary Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, by Committee on Nomenclature cough; or intercurrent) Chronic valvular heart disease; Example: Measles (disease affection need not be etc. The contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact CORD ANENT PANDING MARGIN RESERVED FOR PLAY, WITH UNFADING INK-THIS IS A

wel
No.
ozi
>

WRITE

N. B.-

PLACE OF DEATH County Hand	12504 STATE OF MARYLAND CERTIFICATE OF DEATH		
Carly1	75-P Registration Dist. No. 184		
Village or City Carrier (No	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
o sex 4 color or race 5 single, MARRIED, WIDOWED WISE OR DIVORCED (Write the word)	(Month) (Day) (Year)		
6 DATE OF BIRTH	that I last saw here alive on (1928)		
(Month) (Day) (Year)  7 AGE  Strong Month	and that death occurred on the date stated above, at 9 15 7m.		
OCCUPATION (a) Trade, profession or particular kind of work	Parey.		
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	(Duration)yrs,mosds.		
	Contributory Secondary  (Duration)  Jesus de		
10 NAME OF FATHER Savid MCKee	(Signed) (Address) (and M.D.		
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, it leaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or commy)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the		
(State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of deathyrsds. Stateyrsds.  Where was disease contracted, if not at place of death?		
	Former or usual residence  19 PLACE OF BURAL OR REMOVAC DATE OF BURIAL		
(Informant) Michael Amic Heel (Address) Dardiff Ind	State vidge (Inf Opt 14 1930		
Filed Oct /3-19230 Jr. J. Mc Mall	XWHOLINE Della		
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.		

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., without more previous relaborer, Farm laborer, Laborer—Coal mine, etc. Womlaborer, Farm laborer, Laborer—Coal mine, etc. Womlaborer, Farm laborer, Laborer—Coal mine, etc. Womlaborer, Farm laborer, Laborer—Coal mine, etc. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on (b) Automobile factory. The material (b) cngineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; ingcs, perilonacum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJURY causing death), 29 ds.; L. Chronic interstitial nephritis, etc. unqualified, is indefinite); Tuberculosis of lungs, mon-(Recommendations on statement of cause of death (secondary or intercurrent) Whooping cough; Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as " "Marasmus," "Old Age," "Shock," Chronic chopneumonia (secondary) affection need valvular heart The contributory not be discase;

If this certificate is looked ever thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	74	1	OF DEATH	1			04388
	Co	unty X	arfore				(182)
/	Villag	ge or City	Bela	u M	rd (No		(6)
		2FUI	L NAME	Her	meth	& mc	Kinney
	PERSONAL AND STATISTICAL PARTICULARS				MED		
	3 SE)	cle	4 COLOR OF	· ILAGE	MARRIED, WIDOWED. OR DIVORCED (Write the word	izle	16 DATE OF DEA
	6 DA	TE OF BIR	тн				17 I HERE
				De (Month)	(Day)	, 1926 (Year)	that I last saw h.
die C	7 AGE		03 yrs.	4 m	os. 21 ds	If LESS than I day hrs.	
	(a) part (b) busi which	icular kind General na ness, or es ch employe THPLACE	ofession or d of work ature of industablishment is ed or (employe	n er)		***************************************	Contributory
	S L Z	NAME OF FATHER  BIRTHPL.  OF FATHI  (State or	Vernace scountry)	md u Le m	mc Kin	mey	(Signed)  *State the Violent Causes, Accidental, Suicid
	PA	OF MOTH OF MOTH (State or	ACE ER	lice's	M Har		18 LENGTH OF ients or Recent At plece of deathyrs
		Informant)	(4)	me	Yanney Mad	EDGE	Where wes disease of it not at place of of Former or usual residence
	Fi	led ap	if more bia		Chamber Deputy	Registra:	Security of

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Vinney St	Ward	) a (lf death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CI	ERTIFICATE	OF DEATH
16 DATE OF DEATH	0.	
**************************************		22, 19230
***************************************		(Day) (Year)
	92.S. to	tended the deceased from
that I last saw h Manalive	on	192
and that death occurred on	the date stated	labove, at 4 m.
The CAUSE OF DEATH * w		a constitution of the cons
+=1 ===================================	0 MO-0 0 0 0 0 0 0 1 m m m m m m m m m m m m	***************************************
accidentif	driver	nine
	<del></del>	
***************************************	100000 fot Phylinene reseas sessesses	, \
	(Durstion)	yrsmosds.
Contributory Secondary	***************************************	
	(Duration)	yrsds.
(Signed)	tople	M. D.
9px 23 1980 (Add		ly Wil
*State the Discase Violent Causes, state (1) Accidental, Suicidal or Hom	Causing Death, ) Means of Indicidal.	or, In deaths from ajury and (2) Whether
18 LENGTH OF RESIDEN		tals, Institutions, Trans-
ients or Recent Residents	The second second second	
At plece of deathyrsmos	ds. In the	teyrsmosds.
Where wes discesse contracted, if not at place of dea.h?		
Former or usual residence	26 114 11 11 4 20 <b>6 6 6 6 6 6 6 6</b> 10 10 10 17 17 17 17 17 17 17 17 17 17 17 17 17	7 <sub>0</sub> % 9} 9 <del>0 yo aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa</del>
19 PLACE OF BURIAL OR F	REMOVAL	DATE OF BURIAL
Varkwood!	md	apr 24, 1930
20 UNDERTAKER		ADDRESS
Deany Joster	Bell	in md
. 16 W. Saratoga St., Balto.,		S. No. 1.

No. 1 di

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it should be used only when needed. As examples: (a) fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Ling laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a worked on may form part of the second statement. For many occupations a single word or term on person, irrespective of But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railway train-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Chronic valvular heart disease; etc. The contributory affection need Nomenclature of the not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

N. B.-

WITHIN CCRPOR	ATE LIMITE RI
PLACE OF DEATH	03034 STATE OF MARYLAND
County Harford	CERTIFICATE OF DEATH
	(90)
1 0,	Registration Dist. No. 185
Village or City Lavrede France (No.	St.: Ward) (If death occurred in
0	tion size its NAME in-
2FULL NAME Ludora Ma	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE;	16 DATE OF DEATH
teres le relate (Write the word)	, 193.20
6 DATE OF BIRTH	17_ I HEREBY CERTIFY, That I attended the deceased from
8. L+ 1. 14 247	3 - 2/ 1980 to 3 - 76 1930
xeprender 12-, 183/.	
(Month) (Day) (Year)	that I last saw h Calive on 1925.
7 AGE	and that death occurred on the date stated above, atm.
9 Lyrs. 6 mos. 13 ds. or min.	The CAUSE OF DEATH * was as follows:
B OCCUPATION	Month of the state
(a) Trade, profession or	
particular kind of work Course	Cesaro (Ficero as
business, or establishment in	(Duration) yrs. mos. ds.
which employed or (employer)	
9 BIRTHPLACE (State or country)	Contributory Secondary
Kentucky,	(Diction) yrs mosds.
TO NAME OF STATE OF THE STATE O	(Signed) TO Merce M. D.
11 BIRTHPLACE	3-28 1921)(Address) Land
OF FATHER	*State the Disease Causing Death, or, in deaths from
Z (State or country) Levelvely,	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
T 12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER	At place In the State yrs mos ds.
(State or Country)	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) mis. Les Hakker.	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Havede Grade. Wed.	augel Hillen nely, 27, 30.
15 m 20 2 ( I o m)	20 UNDERTAKER ADDRESS
Filed Mar. 27 19230 Chas. J. toley M.D. Registrar	Cherry Tours of Hellas In
	, 16 W. Saratoga St./Balto., Requesting V. S. No. 1.
At more prairie are meeting address before hegistre	,

(Approved by U. S. Census and American Public Health Association.)

Spinner, state occupation at beginning of illness. If retired from fulness of various pursuits can be known. The questired 6 yrs). definite salary), may be entered as Housewife, Houselaborer, Farm taborer, Lavorer—cour mene, even en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil cugmeer, etc., Foreman, or At Home, and children, not gainfully em-For many occupations a Farm laborer, Laborer-Coal mine, etc. Wom-(b) Colton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many single word or term on Locomolive engineer, (6) Grocery,

Statement of Cause of Death—Name, first, the pre-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphull fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> lelanus) may be stated under the head of "contributory." (Recommendations on statement of cause of approved by Committee on Nomenclature of the diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," ctc. "Inanition," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anuemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, perilonueum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondar, or intercurrent) affection need not be Examples: Accidental drowning; Struck by railway train— "Atrophy." "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condi Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WITH UNFADING INK--THIS IS A PERMANENT FOR MARGIN RESERVED WRITE

V. S. No. 1

N. B.

PLACE OF DEATH	10484 STATE OF MARYLAND
County Harford WITHIN COMPORATI	CERTIFICATE OF DEATH
O	Registration Dist. No. 185
Village or City Adel Stale (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
2FULL NAME Aure B. Me	hully stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	EDICAL CERTIFICATE OF DEATH
Jemple Multe (Write the word)	16 DATE OF DEATH /9 , 1957
6 DATE OF BIRTH	17 I HEREBY GERTIFY, That I attended the deseased from
nearch 24, 1844	1924. to 17 7 1924,
(Month) (Day) (Year)	that I ast saw h W alive on 1923
86 yrs. 5 mos. 25 ds. or min?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
B OCCUPATION A mosds. ormin@	11 12 11
(a) Trade, profession or Houseufe.	the and when the second
(b) General nature of industry Lusiness, or establishment in which employed or (employer)	(Duration) mos 4 ds.
9 BIRTHPLACE (State or country) Maryland.	Contributory Secondary
10 NAME OF Peter Drannau	(Signed) T. M. Xleiner A. M. D.
OF FATHER  (State or country)  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state_(1) Means of Injury and (2) Whether
W 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER Margaret Sallagher	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country).	At place In the of deathyrsmosds. Stateyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Mrs. ablott	Former or usual residence
(Address) Hollsace, Md,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Note 1 Sept 23 19 30
15 Filed Sept. 22 19830 Chas. J. Joley. M.D.	20 UN DERTAKER ADDRESS "Med
If more hanks are needed address that Registrar	16 W. Saratova St., Halto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully emadditional line is provided for the latter statement; it fulness of various pursuits can be known. The queswhatever, write Nonc. tired 6 yrs). business, that fact may he indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed household only (not paid Housekcepers who receive a For many occupations a (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation single word or term on (b) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrogispinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"Uruemia, ""Weakness," etc., when a definite disease "Exhaustion," "Heart Lanux," "Old Age," "Shock," stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicuemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar, or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic valuular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi (name origin; "Cancer" is less definite; avoid Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, "," etc.), "Dropsy,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the fluta is essential and must be obtained before the certificate is permanently filed.

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD NENT DING H., WITH UNFADING INK-THIS IS A PER MARGIN RESERVED FOR WRITE I V. S. No. 1 ż

PLACE OF DEATH	13858 STATE OF MARYLAND
County Harefored	(%) CERTIFICATE OF DEATH
County County Corposate L	Registration Dist. No. 183
WITHIN CORPOS	Registration Dist. 100
Village or City Pale State (No.	St.: Ward) a hospital or institu-
2FULL NAME Jolen Lee Mes	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE.  MARRIED.  WIDOWED. W. douer  OR DIVORCED  (Write the word)	16 DATE OF DEATH 701 2 8 , 19230 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
november 4. 1851	720) 23 1920. to 200 25, 1930,
(Month) (Day) (Year)	that I last saw h Assalive on 7002 2 6 , 1923 Q
7 AGE [If LESS than	and that death occurred on the date stated above, at
79 yrs	The CAUSE OF DEATH * was as follows:
8 OCCUPATION D	A Child Balling The Control of the C
(a) Trade, profession or	Caralla Cabompinallo
particular kind of work  (b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)
9 BIRTHPLACE	Contributory
(State or country)	Secondary  (Duration) yrs mos ds.
10 NAME OF	1 Dill of 1 man
FATHER Mulburun,	11 = 51 August 141
11 BIRTHPLACE OF FATHER	192) (Address) Double of In deaths from
Z (State or country) Unless our ,	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME  OF MOTHER  OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
1 4	ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of deathmosds. In the Stateyrsmosds.
(State or Country) Mulicipality,	Where was disease contracted, if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) Mess destey a. M. May.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 23 2 & Maryland Art.	Diou M. F. Remetery nov. 30, 1938
15 Filed Mon 30 19230 Cha Joley Michigan	Levingtonglow Hadrace net
If mora bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Laborer--Coal minc, etc. (b) Grocery; Wom-

spinal meningitis"); Diphtheria (avoid use of "Croup") fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebraspinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS to time and causation), using always the same accept-Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Bronchopneumonia ("Pneumonia,"

> Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, etc. The contributory telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Whooping .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic valvular heart Always qualify all

permanently filed. answered in detail, it will prevent further correspondence. All the If this certificate is looked over thoroughly and all questions

A. No. 1

m

7.

1 <sub>PL</sub>	ACE OF DEATH
County	Harford
1	
'illage or	· City Murden Vo.
	2FULL NAME / Lenny //
PEI	RSONAL AND STATISTICAL PARTICULARS
SEX	4 COLOR OR RACE 5 SINGLE,
Mac	ile White (Write the word)
DATE O	F BIRTH
	15-101-101-101-101-101-101-101-101-101-1
	(Month) (Day) (Year
AGE	If LESS than
Yar	I dayhrs.
	73 yrs. 10 mos. 10 ds. or min.
business,	eral nature of industry , or establishment in mployed or (employer)  Market Brown Brown  Market Brow
BIRTHP	
(mate	in country)
	ME OF
FAT	THER Teter Mechan
7 2	RTHPLACE
OF (S	FATHER State or country)
OF (S	FATHER . ()
OF (S 12 MA	FATHER State or country) Ireland.
OF (S 12 MA	FATHER State or country) reland.
0F (S 12 MA ( OF 13 BII	FATHER State or country)  AIDEN NAME MOTHER  RTHPLACE MOTHER
OF (S 12 MA OF 13 BH OF (S	FATHER State or country)  AIDEN NAME MOTHER  RTHPLACE MOTHER  State or country)  MOTHER  State or country)
OF (S 12 MA OF 13 BH OF (S	FATHER State or country)  AIDEN NAME MOTHER  RTHPLACE MOTHER
OF (S) 12 MA OF 13 BIII OF (S) 4 THE AI	FATHER State or country)  AIDEN NAME MOTHER  RTHPLACE MOTHER  State or country)  MOTHER  State or country)
OF (S) 12 MA OF 13 BII OF (S) 4 THE AI	AIDEN NAME MOTHER  RITHPLACE MOTHER  BOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  TOTAL
OF (S) 12 MA OF 13 BII OF (S) 4 THE AI	FATHER State or country)  AIDEN NAME MOTHER  RTHPLACE MOTHER State or country)  BOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  TMANT  (Address)  (Address)
OF (S 12 Me OF 13 Bill OF (S 4 THE AI	AIDEN NAME MOTHER  RITHPLACE MOTHER  BOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  TOTAL

STATE OF MARYLAND CERTIFICATE OF DEATH

04390

Registration Dist. No. 18

-	St.: Ward)	(if death occurred in a hospital er institu- tion, give ite NAME in- stend of street and number.)
	MEDICAL CERTIFICATE O	F DEATH
	16 DATE OF DEATH	25. 1950
-	17 I HEREBY CERTIFY, That I atte	nded the deceased from
0	that I last saw h walive on	· · · · · · · · · · · · · · · · · · ·
n	and that death occured on the date stated a	bove, atm.
2	The CAUSE OF DEATH * was as follows:	4
-	( arcinoma 10)	Lowach
	Paraire	Druma.
	Contributory Secondary	Tallier de
	(Signed)	J. Chartes M. D.
	*State the Discase Causing Death, Violent Caus s, state (1) Means of inj Accidental, Sucidal or Homicidal.	or, in deaths from ury and (2) whether
_	1B LENGTH OF RESIDENCE (For Mospitalients or Recent Residents)	ils, Institutione, Trans-
	At place In the of death yrs mos. ds. State	yrsdsds.
-	Where was disease contracted, if not at place of death?	
	Former of usual residence	
	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	St. Francis Cemetery A	pril.29 ,,30
	20 UNDERTAKER	ADDRESS
-	Howard K.McComas & Sons	,Abimgdon, Md

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emnature of the business or industry, and therefore an Physician, Compositor, Architect, liness of various pursuits can be known. contion is very important, so that the relative health business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken household only in t paid Housekeepers who receive a worked on may form part of the second statement. Nover return 'Laborer,'" (Foreman," 'Manager," 'Dealwhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-'' etc., without more precise specification as Day borer, Farm lehorer, Laborer—Coal mine, etc. Womnat home, with a cengaged in the duties of the at home, to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). For persons who have no occupation Locomotive engineer,

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same discuse. E.amples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-Typhoid fever (never report "Typhoid Pneumonia") EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISpneumonia, Broncho:pneumonia ("Pneumonia,

> "Debility" ("Congenital," "Scnile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy." "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be "PJERPERAL septionemia," "PUERPERAL perilonitis," elc. can be ascertained as the cause. Whooping (Recommendations on statement of cause of telanus) may be stated under the head of "contributory" carbolic acid -- probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"Uracmia, ""Weakness," etc., when a definite disease approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train American Medical Association.) .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJUNY interstitial nephritis, resulting from childbirth or miscarriage as cough; Chronic Carcinoma, Sarcoma, etc. valular heart Always qualify all The contributory disease; Measles ; etc., of

answered in detail, it will prevent further correspondence. the duta is essential and must be obtained before the cartificate is . If this certificate is I oked over thoroughly and a.l que "ions

permanently filed.

20/	
는토	
08	
A S	
XOB	
一一	
ed or	
o o	
0 2 4	
0 0	
200	
a g	
95 5	
5 = 0	
at at	
O.T.O	
o to	١
500	
0 00	2
9	0
te te	
SES	
tay	1
fu an	4
5- 1	
E TO	
AA	
- M -	
BBC	
311	
0 = >	- 1
S Co	
SE CI	
on sho	
CAUSE CI	
nation short	
ormation shoute CAUSE CIUPATION IS V	
formation shorter CAUSE CI	
Information shows state CAUSE CI	
of Information should state CAUSE CI	
n of Information should state CAUSE CI	
em of information should state CAUSE OF	
item of information should state CAUSE OF nent of OCCUPATION is v	
ry Item of Information shows Should state CAUSE OF THE OF	
Every Item of information should be carefully supplied. ACE should be stated EXACTLY, P CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. statement of OCCUPATION is very important. See instructions on back of certificates.	

C					
	ounty	Harford	5 Tall 6 Th 6 GO 6 Grant East 5 Arts (EE) in	*****************************	
Villa		Edgewood.	M	d.	•
to a named on	PERSO	NAL AND STA	TISTICA	L PARTICL	JLARS
3 SE		4 COLOR OR	NACE !	MARRIED, WIDOWED, OR DIVORCED	
	Male	White	(	Write the word	Single
6 DA	TE OF BIR	тн			
		Мау	(Month)	19 (Day)	, 1895 (Year)
7 AG 8 OC		ofession or		***************************************	
		ofession or d of work ature of industr stablishment in ed or (employer			
	RTHPLACE (State or con				
1 1	O NAME O	F	ennsyl	van1a	
	FATHER		Unknow	n	
RENTS	OF FATH (State of	ACE ER	Unknow		
PARE	2 MAIDEN	NAME	Unknow		
1	OF MOTH (State or	ER	Unknow	n	
4 TH	(Informant	S TRUE TO THE	E BEST OF		
	(miormani)	1 - 1 - 7			

06774



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 180

St.: Ward) all

(If death occurred im a hospital or institution, give its NAME instead of street and number.)

### MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH June 10. 19230 June (Month) 10 (Day) 1930 (Year) I HEREBY CERTIFY, That I attended the deceased from Found dead that I last saw h \_\_\_\_alive on \_\_\_\_\_, 192..... The CAUSE OF DEATH \* was as follows: Myocarditis chronic degenerative. Arterio Sclerosis, coronary, Secondary ascending aorta. (Durstion) \_\_\_\_\_\_ys. \_\_\_\_\_\_ cerebral and \*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death \_\_\_\_\_yrs.....mos.... Where was disesse contracted, if not at place of dea.h?.... Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Edgewood Arsenal. June 12 1930 ADDRESS 20 UNDERTAKER Howard K, McComas Abingdon, Md.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocadditional line is provided for the latter statement; it tion applies to each and every person, irrespective of er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salcsman. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH g gcd in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on (6) Grocery;

Strtement of Cause of Death—Name, first, the DISERALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same idisease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic terebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid" Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. "Uraemia," "Weakness," etc., when a definite disease "Enhaustion," "Heart rouse," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); "PUERPERAL septicacmia," "PUERPERAL peritonitis, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid -- probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi cough; by Committee on Nomenclature of the "Congenital," "Senile,",
"Heart failure," Chronic valvular heart disease Example: Measles (disease etc. The "," etc.), "Dropsy,",
"Haemorrhage," contributory Measles ;

Filed May

### 115642 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

(If death occurred In a hospital or institu-tion, give its NAME II -stead of street and number.)

DATE OF BURIAL

May 10 , 1930

ADDRESS

Abingdon

MEDICAL C	ERTIFIC	ATE OF	DEATH	
16 DATE OF DEATH	Month	/	J, 1	
17 HEREBY CER	TIFY, The	t I attende		ased from
	e on		4741	19234
and that death occurred of The CAUSE OF DEATH * 1			ve, at	m.,
Amucho.	1 1 1	ımı	~.^.	000000000000000000000000000000000000000
Contributory 3	(Duration	1 les	thwo	(ds,
(Signed) 1930 (Ad	May's	Mott	do, Eu	M.D.
*State the Disease Violent Causes, state ( Accidental, Suicidal or Hor			in deaths and (2) V	from Vhether
18 LENGTH OF RESIDEN	ICE (For	Hospitals,	Institution	s, Trans-
ients or Recent Resident	is)			
At place of deathyrsmos	ds.	In the State	yrsm	osds,
Where was disease contracted, if not at place of dea.h?	***********			

If more branks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

Former or usual residence.

20 UNDERTAKER

19 PLACE OF BURIAL OR REMOVAL

Howard K.McComas

Trinty Luthern Cemeters

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queswhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

RESERVED MARGIN

	£ ¾
	19.0
	Fi C
5	CT SSE
Ş	cat
	d E
	ope
2	prof
	be ck
1	uid nay ba
L L	100
-	E sat is
2	AG th
0	d. so
É	oile ms ins
-	up ter
2	iy s
7	full ant
	are tir
7	ATT
	NED Y
5	Ver Ver
	Sho is
۸۸ ا	US
•	CA
L.	The Le
	sta
	- P -
4	יייייייייייייייייייייייייייייייייייייי
2	ite s s
^	I'N S
WALLE A OLI WILL CONTABING INN-11115 IS A FERMANENI CORD	-Every item of information should be carefully supplied. ACE should be stated EXACTLY, PMYS CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exactement of OCCUPATION is very important. See instructions on back of certificate.
1	
4	N. BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PMYS CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exactement of OCCUPATION is very important. See instructions on back of certificate.

1PLACE OF DEATH	10485 STATE OF MARYLAND
A 0	STATE OF MARTLAND
County Harford WITHIN CORPORATE LIN	CERTIFICATE OF DEATH
	Registration Dist. No. 185
Village or City State (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in
2FULL NAME Levela Mulle	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SHINGLE, MARRIED, MENUEL  TO MA LO MALLE (WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
March 1 15 , 919	aug 2 3 192 to Defot 2 , 1920
(Month) (Day) (Year)	that Wast saw h M alive on Seft 3 , 1921s.
7 AGE [If LESS than	and that death occurred on the date stated above, at
4 / 5- 14 Idayhrs.	The CAUSE OF DEATH * was as follows:
yrs. omos. ds. or min.?	P f
(a) Trade, profession or Housewife	Julmonday supervulsa
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrs,mosds
9 BIRTHPLACE	Contributory Secondary
(State or country) Maryland	Duration yts mos ds
10 NAME OF O	(Signed) M. D. M. D. M. D.
FATHER W. Lee Hawkens	9-7 1927 (Address of Mars No Hear)
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from
III	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Beuld Fadeley	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Realdents)
13 BIRTHPLACE OF MOTHER	At place In the of deathyrsmosds. Stateyrsmosds
(State or Country).	Where was disease contracted, if not at place of death?
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) MUS- Lee Herkers	usual residence
7/10/10/10/11	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) / Communication (Address)	Surelishapel pept, 4, 1921
15 Filed Sept. 8 1920 Charles J. Foly D.D.	20 UN DERTAKER . A DORESS WELL
Registrar	Leure louren speries

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balko., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Further Ceor given up on account of the DISEASE CAUSING DESTRI Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile fuctory. The material without more precise specification as Day

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted to time and causation), using always the same accepted the for the same disease. Examples: Ceratros final celebrodever (the only definite synonym is "Epidemic celebrospinal meningitis"); Diphtheria (avoid use of "Croup"); spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

BURLAU

diseases resulting from childbirth or miscarriage as "PUERPERAL \*\*epticacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi (name origin; "Cancer" is less definite; avoid cough; Chronic valvular heart disease; etc. The contributory Measles ;

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be preparly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD NEY, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR WRITE

PLACE OF DEATH  County Conformation Corporation	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 186
Village of City Hally Clo	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewele plus (Write the Word)	16 DATE OF DEATH (Month) (Day) (Year)
August 7: 1850 (Month) (Day) (Year)	that I just saw half alive on 1920, 1920,
7 AGE  1 day hrs. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	(Duration) 5 yrs, mos ds.  Contributory Secondary
10 NAME OF FATHER Leter Donoran,  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	(Signed) (Address) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Mary Flavre.  13 BIRTHPLACE OF MOTHER (State or Country).	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
(Informant) Hers. May engles (Address) Helsinge 2016.	if not at place of death?  Former or usual residence  19 PLACE OF BURIAL CORREMOVAL  Mt. Erus Lewsley July 7: 1930
Filed July 6 1930 Chas, J. Faley D. Registrar	20 UNDERTAKER  HUUNGTON STATES  16 W. Seratora St. Balton Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housenaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Furmer or Plunter, tion applies to each and every person, irrespective of to report specifically the occupations of persons en-Forcman, For many occupations a single word or term on especially in industrial employments, it is neces-Form laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Solesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The insterial (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtherio avoid use of "Croup"), Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptominges, perilonacum, etc., Corcinoma, Sarcoma, etc., of or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicuomia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondar or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." carbolic acid - probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. "Uruemia." "Weakness," etc., when a definite disease Whooping cough; American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway troin-"Atrophy." "Collapse," "Coma," "Convulsions, . (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY Chronic valvular heart disease; Example: Measles (disease etc. The Always qualify all contributory Measles ;

V. S. No. 1

	PLACE OF DEATH  County Harford	STATE OF MARYLAND CERTIFICATE OF DEATH
1		Registration Dist. No. 180
v	illage or City Calvary (No	St.: Ward)    St.: Ward   (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. Married OR DIVORCED (Write the word)	16 DATE OF DEATH DEC. 13, 1930  (Month) (Day) (Year)
6	DATE OF BIRTH  (Month)  (Day)  (Year)	17 I HEREBY CERTIFY, That I Stended the deceased from July 125 1929. to 1920 that I last saw her alive on See 8 , 1920
	AGE  77 yrs. 5 mos. 6 ds. lf LESS than I day hrs. or min.?	and that death occurred on the date stated above, at 4 Am. The FAUSE OF DEATH * was as follows:
V	OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	
	business, or establishment in which employed or (employer)	(Duration) Lyrs. 1 mos 15 ds.
9	(State or country) Mary land	Contributory Secondary  (Durstion) (Durstion
	10 NAME OF FATHER Thomas Yorrell	(Signed) (Signed) M. D.
N H	OF FATHER (State or country)  12 MAIDEN NAME	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
PAG	OF MOTHER STORY	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients of Recent Residents)  At place In the
-	OF MOTHER (State or Country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds.  Where was disease contracted, if not at place of death?
14	(Informant) The rest of MY KNOWLEDGE	Former or usual residence
	(Address) Bel are M.D. Molit	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DE C/5, 1930
13	Filed December 4923 0 Fred Morlok	20 UNDERTAKER ADDRESS ADDRESS Aborn golon
=	If more banks are needed, address State Registra	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Houscwife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day 6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. diseases resulting from childbirth or miscarriage as "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by American Medical Association.) approved by Committee on Nomenclature Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train— "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY Always qualify all heart disease;

If this certificate is looked over thoroughly and all questions enswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V

V. S. No. 1

PLACE OF DEATH	13859 STATE OF MARYLAND
County Harford	CERTIFICATE OF DEATH
	Registration Dist. No. 18
Village or City Werden (No. F. D.	
9	wald) a hospital or institu
2FULL NAME Hargaret B. Ma	tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Single	16 DATE OF DEATH NO. 15
Famale White WIDOWED. OR DIVORED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
Supt 9, 19/2	1920 to Nov 23 , 1920
(Month) (Day) (Year)	that I last saw her alive on her 20, 1923
7 AGE     fLESS than	The second secon
yrs. 2 mos. ds. or min.?	Place CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or	Caremona Struck
particular kind of work  (b) General nature of industry	
business, or establishment in	(Duration) vis 7 mos de
which employed or (employer)	Contributory Expression -
(State or country) Maryland	Secondary  (Durstion) by s. mos. de
10 NAME OF FATHER 9 19 19 19 19 19 19 19 19 19 19 19 19 1	(Signed) Chest Ruete MD
II RIPTHPLACE	non 26,190 (Address) Cludewing
OF FATHER Z (State or country) Manual	
12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Margaret K. Bechtold	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of death yrs mos ds. In the State yrs mos ds.
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST/OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) Mr. Settle W. Mitchell	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Cherthen B. F.D.	Colvery Cometers Mr. 27, 1930
15 51 1 Nov. 26 10030 (O. C. Nuchael	20 UNDERTAKER ADDRESS
Registrar	Henry Janing Hony Velardeen me
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto. Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Civil engineer, tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, whatever, write None. or given up on account of the DISEASE CAUSING DEATH Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; eman, (b) Automobile factory. The material Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cetebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory Nomenclature of the

V. S. No. 1 - (2)

. 1	1
3	PLACE
í	County of
3	/ Language
	Village or City_
- D	
15	2FULI
( E	
000	PERSON
-	3 SEX
X	
	male
_	6 DATE OF BIRT
e instructions on bac	
no	
ti di	7 AGE
2	/ 102
St	
-	OCCUPATION
999	(a) Trade, prof particular kind
	(b) General nat
ant.	business, or esta
	which employed
bode	9 BIRTHPLACE (State or coun
y impo	
7	10 NAME OF
>	
00	OF FATHE
TION	Z (State or o
ATI	12 MAIDEN N
4	OF MOTHE
CCUP	13 BIRTHPLA
000	OF MOTHE (State or C
0	14 THE ABOVE IS
0	14 THE ABOVE IS
eu	(Informant)
3	(
ate	(Addres
St	15 /72/
	Filed
1	

PLACE OF DEATH	15075 STATE OF MARYLAND
County farford	CERTIFICATE OF DEATH
	Registration Dist. No. 1-6
Village or City flear WeedaNon	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Ha Balfh Mc Mits	tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married Widowed.  OR DIVORCED (Write the word)	16 DATE OF DEATH 2 2 3 1920 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Cetoler 7 , 1882	
(Month) (Day) (Year)	that I last saw halive on
7 AGE	
48 yrs. Z mos. ds. or min.	Tribut round
OCCUPATION	Quicide Thill tempor
particular kind of work farmen to	arily accurated.
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration) yrs. mos ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
Maryand	(Durstion)mosds.
10 NAME OF FATHER 711 Miles	(Signed) D. U. Me Guyan & T. act Coron, M. D.
11 BIRTHPLACE	De 24 1920 (Address) Serry men
OF FATHER (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Hannah S. Morgan	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or Country) Manufand	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Mr. Isilian & Matchell	Former or usual residence
(Re) 1 ms	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Ullullen Ma	Trove Cerutary Dec. 26 1930
15 Filed TW, 26 18 Machael	ZO UN DERTAKER ADDRESS
Registrar	Henry James son liberden no
If more branks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., without more record mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (Recommendations on statement of cause of death approved by Committee on "PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as Whooping cough; American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-'Congenital," "Senile," etc.), "Dropsy,
> " "Heart failure," "Haemorrhage, Chronic valvular heart disease; nephrilis, etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

UX

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer -- Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., without more precise specification as Day additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to e ch and every person, irrespective ci cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons enespecially in industrial employments, it is neces-For many occupations a single word or term on Compositor, Architect, Locomotive engineer, For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise\_re. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros: inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid - probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (mcrely symptom-..... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJULY 'Congenital," "Senile," etc.), "Dropsy,"," "Heart failure," "Haemorrhage," Chronic valvular heart disease; etc. The Nomenclature of the contributory

Nov. 30 1930  (Month) (Day)  7 AGE  OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  Harford C. Md  10 NAME OF FATHER (State or country)Harford C. Md  12 MAIDEN NAME OF MOTHER (13 BIRTHPLACE OF MOTHER (State or country)Harford C. Md  14 MAIDEN NAME OF MOTHER	MARRIED WHOWEND OR DIVOR (Write the STATE OF BIRTH  NOV. 30 1930  (Month) (Day)  7 AGE  A OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHIPLACE (State or country)  10 NAME OF FATHER (State or country)  11 BIRTHPLACE OF FATHER (State or country)Harford C. Md  20 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER		PERSO	ONAL AND	STATISTIC	CAL PA	RTIC
Nov. 30 1930  (Month) (Day)  7 AGE   OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  Harford C. Md  10 NAME OF FATHER (State or country)  Harford C. Md  11 BIRTHPLACE OF FATHER (State or country)Harford C. Md  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  (Contraction of Months)  14 BIRTHPLACE OF MOTHER  (Contraction of Months)  15 BIRTHPLACE OF MOTHER (Contraction of Months)	Nov. 30 1930  (Month) (Day)  7 AGE   A OCCUPATION (a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer).  9 BIRTHPLACE (State or country)  Harford C. Md  10 NAME OF PATHER  (State or country) Harford C. Md  12 MAIDEN NAME OF MOTHER (State or country) Paper May Mart  13 BIRTHPLACE OF MOTHER (State or country) Paper May Mart  14 THE ABOVE IS TRUE TO THE BEST OF MY K				MARRIED,		
(Month) (Day)  7 AGE  OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in None which employed or (employer)  9 BIRTHPLACE (State or country)  Harford C. Md  10 NAME OF FATHER  Frederick N. Mo  11 BIRTHPLACE (State or country)Harford C. Md  2 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (Cloth or country)  13 BIRTHPLACE OF MOTHER (Cloth or country)	(Month) (Day)  7 AGE  (Note: A constant of the c	6 D.	ATE OF B	IRTI			
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in None which employed or (employer)  BIRTHPLACE (State or country)  Harford C. Md  10 NAME OF FATHER Frederick N. Mo  11 BIRTHPLACE (State or country)Harford C. Md  2 MAIDEN NAME OF MOTHER (State or country)Harford C. Md  2 MAIDEN NAME OF MOTHER (State or country)Harford C. Md  13 BIRTHPLACE OF MOTHER (Cloth or country)	AGE  OCCUPATION (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in None which employed or (employer)  BIRTHPLACE (State or country)  Harford C. Md  OF PATHER Frederick N. Mo  11 BIRTHPLACE OF FATHER (State or country)Harford C. Md  2 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY E			Nov		30	(Day)
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  Harford C. Md  10 NAME OF FATHER  Frederick N. Mo  11 BIRTHPLACE OF FATHER (State or country)Harford C. Md  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 BIRTHPLACE OF MOTHER (State or country)  15 BIRTHPLACE OF MOTHER (State or country)	a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  Harford C. Md  10 NAME OF FATHER  Frederick N. Mo  11 BIRTHPLACE OF FATHER (State or country) Harford C. Md  22 MAIDEN NAME OF MOTHER (State or country) Harford C. Md  13 BIRTHPLACE OF MOTHER (State or country) Penns  14 THE ABOVE IS TRUE TO THE BEST OF MY K	7 AG	E	6		0	
BIRTHPLACE (State or country)  Harford C. Md  10 NAME OF FATHER  Frederick N. Mc  11 BIRTHPLACE OF FATHER (State or country)Harford C. Md  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 BIRTHPLACE OF MOTHER (State or country)	BIRTHPLACE (State or country)  Harford C. Md  10 NAME OF FATHER  Frederick N. Mc  11 BIRTHPLACE OF FATHER (State or country)Harford C. Mc  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country) Penns  14 THE ABOVE IS TRUE TO THE BEST OF MY F	(	) Trade, p	rofession or	N		
Frederick N. Mc  In Birthplace OF Father  (State or country) Harford C. Md  Manual Man	Frederick N. Mc  In Birthplace OF Father  (State or country) Harford C. Md  Z Maiden Name OF Mother  (State or country)  Birthplace OF Mother (State or country)  The Above is true to the best of My F	(k	n) Trade, po articular ki n) General usiness, or	rofession or ind of work nature of ind establishme	ustry nt in	one	one
OF FATHER  (State or country) Hapford C. Md  2 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (Clean personners)	OF FATHER  (State or country) Hapford C. Md  2 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY B	(b)	n) Trade, posticular kind of the control of the con	rofession or ind of work nature of ind establishme oyed or (emp	ustry nt in oloyer)	one	one
of Mother  Pearl May Mart  18 BIRTHPLACE  OF MOTHER  (State or Mother)	OF MOTHER  Pearl May Mart  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY E	p (b)	n) Trade, practicular kind) General usiness, or thich employed (State of NAME)	rofession or ind of work nature of ind restablishme oyed or (emi CE r country)	ustry nt in ployer)	one N	one
OF MOTHER	OF MOTHER (State or country) Penns 14 THE ABOVE IS TRUE TO THE BEST OF MY K	ENTS B	) Trade, particular ki ) General usiness, or hich emple (State of  10 NAME FATH  11 BIRT (State	rofession or ind of work nature of ind restablishme oyed or (empore of country)  E OF HER THULACE ATHER	ustry nt in ployer)  Harfor	one Ned C.	one Md
	14 THE ABOVE IS TRUE TO THE BEST OF MY K	ARENTS & G	10 NAME FATH  11 BIRT: 0 OF EA	rofession or ind of work nature of ind of work nature of ind in establishme object or (empore of country)  E OF HER HPLACE ATHER te or country DEN NAME OTHER	ustry nt in ployer)  Harfor rederic  OHarfor	one Nod C.	Md Mo Md

1 PLACE OF DEATH

County Harford

### 14235 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

St.:	Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and aumher.)
MEDICAL CE	RTIFICATE	OF DEATH
16 DATE OF DEATH		
	(Month)	(Day) 1923 O
17 I HEREBY CERTI	FY, That I att	ended the deceased from
as	12 tobers	the , 192 ,
that I last saw hallv	e on	, 192
and that death occurred on	the dete stated	above, at
The CAUSE OF DEATH &	Vas as follows:	
		***************************************
••••••	(Duration)	yrsde,
Contributory Secondary		
,	(Duration)	yrsde.
(Signed)	6 and	there M. D.
"State the Disease Violent Causes, state (1' Accidental, Suicidal or I	Causing Death, Means of Inju	or, ha deaths from
18 LENGTH OF RESIDEN ients, or Recent Resident	CE (For Hosp s)	itais, Institutions, Trans-
At place of death yrs. mos	da. In the	.,yrsmosda,
Where was disease contracted, if not at place of death?		
Former or usual residence		
19 PLACE OF BURIAL OR	REMOVAL	DATE OF BURIAL
Northe Bend Cen	1.	Dec. L 180
20 UNDERTAKER		ADDRESS
E.G.Kurtz & Son	Jarrt	esville, Md.

(Approved by U. S. Ceusus and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the disease causing Death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scruant, Cook, whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (reto report specifically the occupations of persons cuployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Deallaborer. Farm laborer, Laborerworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a)additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various parsnits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material OF For many occupations a single word or term on At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation -Coal mine, etc. Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on hend of "contributory." (Recommendations on statequences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acia-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or taken. For violent deaths state means of injury State cause for which surgical operation was under-"Puerperal septicacmia?" "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition," "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" "Uracmia," "Weakness," etc., when a definite disease "Dropsy." "Exhaustion." "Heart failure." "Haemorvulsions," ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. myes, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ......(nume origin; "Cancer" is less definite; avoid Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; "Debility" ("Congenital," "Senile," etc.), Chronic valvular Example: Mcastes "Coma," "Conheart disease; (disease (second-(merely

shoul

M ż statement

	PLACE OF PEATH
	County Harford
Vi	Hage or City Wogusted (No
	PERSONAL AND STATISTICAL PARTICULARS
3 1	HUNDER LILLER OF RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)
В	DATE OF BIRTH
	Ayr 13 , 1873
	(Moath) (Day) (Year)
7 /	If LESS than day hrs.
A.	poccupation a) Trade, profession or particular kind of work b) General nature of industry pusiness, or establishment in which employed or (employer)
9 [	STATE (State or country) Wary Lews
	10 NAME OF July Myston
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Wall lews  12 MAIDEN NAME OF MOTHER
Д.	13 BIRTHPLACE OF MOTHER (State or Country)  Under Country)
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
	(Informant) Bush Moore
	(Address) Mogurne Mb
18	El 1 DAT 1 10x 20 Heed Mars lake

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME in-stead of street and .....Ward)

number)
MEDICAL CERTIFICATE OF DEATH
B DATE OF DEATH OF 30, 19230
(Month) (Day) (Year)  17 /I HEREBY CERTIFY, That I attended the deceased from 19270. to 1927/
hat I last saw h Walive on OC 33 , 19274
and that death occurred on the date stated above, at
Lotar Turemonia
(Duration) yrs. mos 5 ds.
Contributory Secondary  Durenose  Type  The contributory  Durenose  Durenose
Signed) M. D. Edg Eword M. D. (Address)
*State the Disease Causing Death, for, in deaths from Violent Causes, state (1) Means of lajury and (2) Whether Accidental, Suicidal or Homicidal.
B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

t place In the f death. Where was disesse contracted, not at place of death?

ients or Recent Residents)

BURIAL

If more blanks are needed, addre. a State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.,

Registrar

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on especially in industrial employments, it is necesyrs). without more precise specification as Day For persons who have no occupation

spinal meningitis"); Diphtheria (avoid use of "Croup" fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinul Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dispneumonia, Bronchopneumonia ("Pneumonia,

> carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," ("Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need Chronic valvular heart disease; etc. The contributory not be

1	PHYSI
1.	Hd .
RD	ACTLY
00	EX

1PLACE	OF DEATI	н
County Ha		11
County // LA	You	· · · · · ·

.0809

### STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No.
Village or City Lde Grace, (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
2FULL NAME Julia and	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale Polyrad (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1920. to 1920. to 1920. that I last saw harman 1920.
7 AGE  alt 72 yrsmosds.   fLESS than    1 dayhrs.   ormin.?	
8 OCCUPATION (a) Trade, profession or Houseworks.  particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Durajion) Jurs. mos. Dds.
9 BIRTHPLACE (State or country) Marylands 10 NAME OF Lewis Prinow	Contributory Secondary  (Signed)  (Signed)  (Address)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Herrettta Mayure  13 BIRTHPLACE OF MOTHER (State or Country)  Of MOTHER (State or Country)	B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
(Informant) MO. Many Durly (Address) Halls See Jud	if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVEL  P
15 Filed July 12 192 Chas + Foley MD.	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, I6 W. Saratoga St., Balto., Requesting V. S. No. 1.

S. No. 1

m

(Approved by U. S. Census and American Public Health Association.)

worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtured 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., (a) Foreman, Spinner, (b) Collon mill; (a) Salesman. Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthor At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neceswithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material single word or term on -Coal mine, etc. Wom-(<del>b</del>) Grocery,

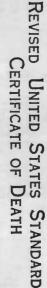
Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Enhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), (secondar, or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." carbolic acid-irobably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicuomia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, perilonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid valvular heart disease, etc. The contributory

ż

Village or City Have de Novace	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. /85  St.: Ward)  (If death occurred in a hospitel or institution, give its NAME in steed of street and
2FULL NAME ANALIS & SAA	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Single WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 2/2, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	that I lest saw halive on 192 192 193
7 AGE    If LESS than   I day hrs. or min.?	and that death occurred on the date stated above, at ///35 // m.  The CAUSE OF DEATH * was as follows:    Cause   Caus
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  9 BIRTHPLACE OF FATHER	Contributory Secondery  (Dyration)  yrs. mos. ds.  (Signed)  M. D.  (Signed)  1923 (Address)  (Address)
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  (State or Country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Translicnts or Recent Residents)  At place of death yrs mos ds. State yrs mos ds.
(Informant) Mr. Lety to My Knowledge  (Address) Same de Suace 2006	Where was disease contracted, if not et place of dee.h?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Date Of BURIAL  Aget: 2.3, 19.2.2
15 Files Sopt 22 woo Charles V Faley M.D.	20 UNDERTAKER ADDRESS

If more bianks are needed, address State Registrer, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Light laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emworked on may form part of the second statement. Civil engineer, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH to know (a) the kind of work and also (b) the For many occupations a single word or term on Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved (Recommendations on statement of cause of death Chronic interstitial nephritis, as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainby Committee on Chronic etc. The contributory affection need valvular heart Nomenclature of the disease; not be

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD ANENT PANDING MARGIN RESERVED FOR Y, WITH UNFADING INK--THIS IS A WRITE V. S. No. 1

PLACE OF DEATH County Harfard	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 181		
Village or City Scock Chung (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
J SEX 4 COLOR OR RACE SINGLE, MARRIED, MARRIED, WILLOWED, OR DIVORCED (Write the word)  6 DATE OF BIRTH  Sefet 22, 1888  (Month) (Day) (Year)	16 DATE OF DEATH  March 14, 180  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from  June 12, 1980 to March 14, 1986,  that I art saw holy alive on Much 14, 1980,		
7 AGE    Jyrs.   Journal of Mos.   7 ds.   If LESS that I day hrs or min.	and that death occurred on the date stated above, at 2300 m.  The CAUSE OF DEATH * was as follows:		
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or eountry)  WATHER (State or eountry)	Contributory Pleumaticum Secondary  (Duration) J yrs mos ds.		
10 NAME OF - FATHER POLICE LEE	(Signed) JC Swadgrass M. D. 3/15.19B (S(Address) Sterlangton		
OF FATHER (State or equittry)  12 MAIDEN NAME OF MOTHER  OF MOTHER	State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
13 BIRTHPLACE OF MOTHER (State or Country)  (State or Country)	ients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,		
(Informant) My Mark Mutard	Former or usual residence		
15 Filed May 16. 1930 Bento B. Knight Registrar	20 UN DERTAKER ADDRESS Lewingfoutton Halfrase, ne		
If more bianks are needed, address State Registra	er, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.		

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochou ehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Solesman, (b) should be used only when needed. As examples: (o) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, tion applies to each and every person, irrespective of tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvont, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-," etc., Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Form laborer, Loborer-Cool minc, etc. Womwithout more precise specification as Day (b) Automobile factory. The material Locomotive engineer, Grocery,

Strtement of Cause of Death—Name, first, the DISEAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia");

approved by Committee on Nomenclature American Medical Association.) stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meosles; (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Erhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping inges, peritonoeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarbolic ocid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railwoy troin-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart etc. The contributory disease not be

PHYSI-STATE OF MARYLAND WITHIN CORPORATE LIMITS CERTIFICATE OF DEATH EXACTLY, Fig classified. Registration Dist. No. (If death occurred in Ward) a hospital or institu-tion, give its NAME in stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, 16 DATE OF DEATH MARRIED WIDOWED. OR DIVORCED (Write the word) 17 FY, That I attended the deceased 6 DATE OF BIRTH (Month) (Day) (Year) IfLESS than 7 AGE and that death occurred on the date stated above, at The CAUSE OF DEATH I day hrs. 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF ਹ shoul E OF FATHER 11 BIRTHPLACE OF FATHER \*State the Disease Causing Death, or, in RENT Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal. (2) CAU (State or country) 12 MAIDEN NAME ati 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans OF MOTHER nform state CCUP/ ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death ... vrs......ds. (State or Country) Where was disease contracted, o Every item of CIANS should statement of if not at place of death?. Former or 80 If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MARGIN

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples : (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekcepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day Spinner, (b) Cotton mill; (o) Salesman. (b) Grocery additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write None. Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enloborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, For many occupations a single word or term on Form laborer, Loborer-Coul minc, etc. (b) Automobile factory. The material not gainfully em-Wom-

Statement of Cause of Death—Name, first, the Dreease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonocum, etc., Corcinomu, Sorcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," ctc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n:ture of the injury, uccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as cun be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcosles; American Medical Association.) Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvulor heart diseose;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

ĕ

(If death occurred in a hospital or institution, give its NAME I: stead of street and number.) MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH Month) I HERERY CERTIFY, That I attended the decemed from and that death occurred on the date stated above. The CAUSE OF DEATH \* was as follows: min.? Contributory Secondary \*State the Disease Causing Death, or, in deaths from and (2) Whether Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

In the

At place of death State yrs mos ds Where was disease contracted, if not at place of dea.h?.....

Former or

ususl residence

(Year)

DATE OF BURIAL

If more bearles are needed, addre a ttate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

arrett S. nagle

should

Every Item CIANS shot statement c

of

14 THE ABOVE IS TRUE

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Spinner, nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtion applies to each and every person, irrespective of etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the 6 Grocery;

Statement of Cause of Death—Name, first, the bisEASE CAUSING DEATH (the primary affection with respect
to time and causation), using always the same accepted term for the same discase. Examples: Cerebrospinal,
forer (the only, definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup");
Typhoid fever (never report "Typhoid Pneumonia");
Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

American Medical Association.) approved by Committee on lctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway troinor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Deopsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Mcasles (disease Whooping eough; Chronic valutur heart \_disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Whooping Never report mere symptoms or terminal condi-Nomenclature Measles;

No

Ø

m

PHYSI-

	PLACE OF DEATH	-
	County Harford	
		1
Vil	lage or City Holssace (No.	
	2FULL NAME Charles Lee nels	0
-	PERSONAL AND STATISTICAL PARTICULARS	
3 8	MARRIED, Sergle  White Single,  MARRIED, Sergle  Wildowed.  OR DIVORCED  (Write the word)	16
_		1
6 0	DATE OF BIRTH	
	Max 23, 1929 (Month) (Day) (Year)	th
7 A	If LESS than I dayhrs.	ar
	yrs. // mos. ds. or min.?	
O N	a) Trade, profession or All Maricular kind of work b) General nature of industry cusiness, or establishment in which employed or (employer)	•••
9 E	(State or country) McC	
	10 NAME OF Lester L'Helsen	(S
ENTS	OF FATHER (State or country)	T
PARE	OF MOTHER MORCE Bellings	18
	13 BIRTHPLACE OF MOTHER (Ktate of Country)  Me	A of W
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ii Fe
	(Informant) Lester & Melson	19
	(Address) Belan mus	
15	Filed Feb 28 1980 ME, Richardson	20

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No....

St.: Ward)

(If death occurred In a hospital or institution, give its NAME is stead of street and number.)

MEDICAL C	ERTIFICAT	E OF DEATH	
		(Day).	
17 I HEREBY CERT	TIFY, That I		ceased from
that I last saw home alive			
and that death occurred or			m,
Browles	Preum	onea	100
Secondon + Brown	7	eute ls	nselleli
		yrsr	nos
Contributory Secondary	***************************************	• 9 4• • 900 0 8 9 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
(Signed) W. P. /		VA	ds. M. D.
Feb 28 180 (Ad	dress) 70	usthe	es my
*State the Discase Violent Causes, state ( Accidental, Suicidal or Hor	<ol> <li>Means of</li> </ol>	ath, or, in de Injury and (2	aths from ) Whether
18 LENGTH OF RESIDEN		ospitals, Institu	tions, Trans
At place of deathyrsmos		the Stateyrs	mosds
Where was disease contracted, if not at place of dea h?	50000000000000000000000000000000000000	988000000000000000000000000000000000000	044 040 000 000 000 000 000 000 000 000
Former or usual res.dence			******************
19 PLACE OF BURIAL OR		1	, 1930
20 UNDERTUKER	2	ADDRESS	h e
alo vilti	1	11/17	nand

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g. Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomolive engineer, tion applies to e.ch and every person, irrespective of report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typheid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia");

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease "PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephrilis, etc. The contributory ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all American Medical Association.) approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS STATE MEANS OF INJULY (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions,

WRITE TALY, WITH UNFADING INKTHIS IS A PER	-Every item of information should be carefully supplied. ACE shou CIANS should state CAUSE OF DEATH in plain terms so that it m statement of OCCUPATION is very important. See instructions on I
Y Y	ACE that tion
IS IS	ed. s so
-TH	uppli term term
INK-	ly sulain
NG J	reful in p
ADII	e ca ATH mpo
JNF	id b
H	Shour E OF
WI	AUS
LY,	te C
E	sta
10.5	ould of 0
'RIT	s sh nent
>	very SIAN: tater
	m O o

PLACE	OF	DEATH	
County Har	fo	rd.	

Susan

(Month)

Village or City Van Bibber.

**2FULL NAME** 

69

which employed or (employer)

Md.

Lewis Peaker

Md.

Md.

Annie Ho

Aboigdon. M

OCCUPATION
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in

3 SEX

7 AGE

ENTS

PARI

Female

9 BIRTHPLACE (State or country)

> 10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER

OF MOTHER

13 BIRTHPLACE OF MOTHER

(State or country) 12 MAIDEN NAME

(State or Country)

(Address)

Filed april

14 THE ABOVE IS TRUE TO THE BEST OF

(Informant) Carrie Lingha

6 DATE OF BIRTH

PERSONAL AND STATISTICA 4 COLOR OR RACE

Colored

### STATE OF MARYLAND CERTIFICATE OF DEATH

If more branks are needed, addre.s ttate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registration Dist. No. 180

St.:Ward	(If death occurred in a hospital or institution, give its NAME in steed of street annumber.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH AM	3 , 19230
	113 ,1920
that I last saw h L alive on	Way 31, 1930
and that death occurred on the date stated The CAUSE OF DEATH * was as follows:	above, atm
accessions from the control of the c	uffecerncy
Contributory Secondary (Defalign)	110-4- de
(Signed). (Address) Estate the Disease Causing Death	Ly surves M. D.
Accidental, Suicidal or Homicidal.	
of deathyrsds. Stat	eyrsmosdi
Where was disease contracted, if not at place of death?	
Former or usus! residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
John Wesley Cemetery.	April 6, 30
20 UNDERTAKER Downed 15 Mcloma	About golon
	MEDICAL CERTIFICATE (  16 DATE OF DEATH  (Nonth)  17 I HEREBY CERTIFY, That I set that I last saw h alive on and that death occurred on the date stated the CAUSE OF DEATH * was as follows:  (Durstion)  Contributory Secondary  (Direction)  (Signed)  *State the Disease Causing Death, violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitients or Recent Residents)  At place of death yrs mos ds State Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  John Wesley Cemetery.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupationwhatever, write None. business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many -Precise statement of oc-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-pinal fever (the only definite synonym is "Epidemic cerebro-spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," Whooping company, etc. rue Chronic interstitid nephritis, etc. rue (secondary, or intercurrent) affection need not be (secondary, important. Example: Measles (disease), inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condiuse of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Nomenclature of the

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH rated EXACTLY, Properly classified. Registration Dist. No. 184 .....Ward) Village or City proper state PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. of 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. be may be WIDOWED. OR DIVORCED (Write the word) (Month) .....(Day) (Year). onld I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH terms so that is instructions (Month) (Day) IfLESS than and that death occurred on the date stated above, at ... 7 AGE The CAUSE OF DEATH \* I day hrs. was as follows: B OCCUPATION n ter (a) Trade, profession or particular kind of work 0 (b) General nature of industry d business, or establishment in (Duration) efi 2 which employed or (employer) Contributory 0 impo Secondary 9 BIRTHPLACE (State or country) DA DW 10 NAME OF OB FATHER 3 1 وت 192**30** (Address) 00 11 BIRTHPLACE ω Ш Causing Death, Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. \*State the lisrase OF FATHER 00 Z 20 Z (State or country) L CA 12 MAIUEN NAME 0: IN LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER inform ients or Recent Residents) 9 4 Stot Cou 13 BIRTHPLACE In the At place OF MOTHER of death .....yıs ......mos. s should s (State or Country) Where was disease contracted, it not at place of dea h?.. 14 THE ABOVE IS TRUE Every item CIANS sho statement Former or usual res.dence (Informant) 20 UNDERTAKER 8 If more b.anks are needed, addre.s Ltate Negistrar, 16 W. Saratoga St., Balto., Lequesting V. S. I.o. 1. ż

(If death occurred in

a hospital or institution, give its NAME in stead of street and

number.)

or, in

deaths from

ESERVED

00

MARGIN

(Approved by U. S. Census and American Fublic Health Association.)

additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. woun-en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precisé statement of oc-Housemaid, etc. If the occupation has been changed Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia (6) Grocery; Wom-

Statement of Cause of Death—Name, first, the DISERATE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal spinal meningitis"); Diphtheria (avoid use of "Croup"); Imploid fever (never report "Typhoid Pneumonia"); Imploid fever (never report "Typhoid ("Pneumonia"); Imploid fever (never report "Typhoid fever (never re

(secondary or intercurrent) affection need not be st\_ted unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E:haustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; approved by Committee on American Medical Association.) (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Committee on Nomenclature of the Chronic valvular heart disease; etc. The Always qualify all contributory

V. S. No. 1

N. B.

PLACE OF DEATH County Hartord	09336 STATE OF CERTIFICATE	
	Registration	Dist. No. 180
Village or City Offer Point (No	St.: Ward	tion, give its NAME is -
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED.  Male White OR DIVORCED (Write the word)	16 DATE OF DEATH AUG  (Month)	/O , 1930
B DATE OF BIRTH  Oct. 20, 1907  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I att	tended the deceased from
7 AGE    1 day hrs.   1 day hrs	The CAUSE OF DEATH * was as follows:	l above, atm.
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  Newspaper	in Bush River	rear Otter los oners surge
9 BIRTHPLACE (State or country) MINNESOTA	Contributory Secondary (Durstion)	yrsmosds.
10 NAME OF FATHER C. D. OPQUIST	(Signed) Fred Mollorfor	Peloroner o
OF FATHER (State or country)  12 MAIDEN NAME	*State the I is case Causing Death Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	or, in deaths from njury and (2) Whether
OF MOTHER UNKNOWN  13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospi ients or Recent Residents) At place In the	
OF MOTHER (State or country) UNKNOWN  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death	te,yrsmosds,
(Informant) Luy S. Slusser	Former or usual residence	DATE OF BURIAL'S
(Address) VIII M. y. ave. Wash A	Hutchinson, Hinn.	Aug 12 , 19
Filed lug 12 19x 30 Fred Morlok Registras	Howard K.McComas,	Abingdon, M.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs. For persons who have no occupation state occupation at leginning of illness. If retired from laborer, **should** be used only when needed. As examples: (a) **Spinner**, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Sevant, Cook, to report specifically the occupations of persons enployed as Al school, or Al home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, er," etc., without more precise specification as Day worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Spinner. (b) Cotton mill; (a) Salcsman. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil ongineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Hame, and children, not gainfully em-For many occupations a single word or term on Farm laborer. who are engaged in the duties of the (6) Automobile factory. The materia Laborer-Coal mine, etc. Wom-

Stritement of Cause of Death—Name, first, the DISEAN COUNTY of Cause of Death—Name, first, the DISEAN CAUSE OF CAUSE OF

approved by Committee on Nomenclature tolanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of tho injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Uraemia, ""Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopncumonia (secondary). stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ezhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, ... (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY interstitial nephritis, cough; " "Marasmus," "Old Age," "Shock," Chronic valvular heart etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

M ż

PLACE OF DEATH	STATE OF MARYLAND
County Harford,	CERTIFICATE OF DEATH
County CORPORATE LI	(U7)
	Registration Dist. No. / DS
Village or City Kelsrall (No.	St: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Mary &, Co.	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Terrale white (Write the word)	(Month) (Day) (Year)
B DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
April 14 1852	July 1 at 1923 d. to Oct 20th, 1993 0
(Month) (Day) (Year)	that I last saw h walive on Oct 19 4, 1950,
/ AGE    If LESS than	and that death occurred on the date stated above, at 9
7 ( -   1 dayhrs.	The CAUSE OF DEATH * was as follows:
yrs. omos. de. or min.?	1 / / /
(a) Trade, profession or Jouseupel	Callesonia of Meass (left)
(b) General nature of industry	74. 6
business, or establishment in which employed or (employer)	(Duration)ds,
BIRTHPLACE	Contributory Secondary
(State or country) Marilland	(Duration) yrs mos, ds.
10 NAME OF	(Signed) I Hopicius M. D.
FATHER Jucoly Clemond	Olt 2/2 1920 (Address) I frow de Secrepes
OF FATHER 201	
(State ox country) / Caryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER CONSISTENCE TO COMMON TO STATE OF MOTHER CONTRACTOR OT MOTHER CONTRACTOR OF MOTHER CONTRACTOR OF MOTHER CONTRACTOR OT MOTHER CONTRACTOR OF MOTHER CONTRACTOR OF MOTHER CONTRACTOR OT MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or Country). Mary	of death yrsds. State yrsmosds.
4 THE ABOVE IS TRUE TO THE BEST OF NY KNOWLEDGE	Where was disease contracted, if not at place of death?
Que Co	Former or usual residence
(Informant) D.M. Claurun	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Holesrace, Md,	De sel Hi 10 Lem Oct. 23-1030.
5 6.10 6 00 10 71 000	20 UNDERTAKER ADDRESS 7
Filed Oct. 23 1900 Charles & Faley D.D.	Cx . I al sold and

If more bianks are needed, address State Registrar, 16 W. Saratoga St. Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servaul, Cook, Housemuid, etc. If the occupation has been changed ployed. as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile fuctory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the busing causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros binat fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, (secondar/ or intercurrent) affection need not be stated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 de.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY cun be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease Whooping cough; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonucum, etc., Carcinoma, Surcoma, etc., of Never report mere symptoms or terminal condi " "Marasmus, " "Old Age, " "Shock, Chronic valvular heart disease; etc. The Always qualify all contributory

All this certificate is looked over thoroughly and all questions where the detail, it will prevent further correspondence. All the data is e-sential and must be obtained before the certificate is permanently filed.

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept, ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, Chronic interstitial nephritis, Whooping cough; American Medical Association.) approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	B
-	
No.	
00	
2	

. /.		404	CMy
XX	- 5	PLACE OF DEATH	
ZV	×××	TERCE OF DEATH	STATE OF MARYLAND
1	A .	County O Co	CERTIFICATE OF DEATH
	De le	WITHIN GORPOSATE C	Registration Dist. No. 185
0	ssifi	Village or City & State (No. 2	vaketal s. Ward (If death occurred i
ORD	7 4 6	60/ 00	a hospital or institution, give its NAME in
2	y cl	2FULL NAME Cliver Clive	stead of street an number.)
	rtif		
T	roper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EN	o o o	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Married	16 DATE OF DEATH
Z	ack ack	made of the widowed.  OR DIVORCED	(1820)
	ulc na) ba	6 DATE OF BLATH	/Month) (Day) (Year)
出	on the	2/1.	be feel 1 1930 to be feel 193
<u> </u>	at at	accepina, 1	
(0)	AC th tio	(Month) (Day) (Year) 7 AGE	that I last saw handive on
- 1	so ruc	7 AGE   If LESS than   I dayhrs.	and that death occurred on the date stated above, at
. با الا	ns ns nst	alt, 33 yrs mos ds. or min.?	Lente alcoholism
Ė	pp err	B OCCUPATION	nachina Elm
- ×	Se	a) Trade, profession or fauter -	
Z	tt a	(b) General nature of industry	
2	in	business, or establishment in which employed or (employer)	(Duration) ws mos ds
Z	Por	9 BIRTHPLACE	Contributory audicas facture
Ā	EAT	(State or country) Marylund.	(Durstion) yrs, mos,ds
: Z	200	10 NAME OF	Martin D. Galay On
		FATHER William L. Owens	(Signed) (Auton) M. E
H.	Ф ш	OF FATHER	Sefet 30. 1980 (Address) WWW. Cl. Grace Md
ĭ	ON	Z (State or country) Maryland'	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	CAU	TI MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE? (For Hospitals, Institutions, Trans
Ä	T or	13 BIRTHPLACE	ients or Recent Residents
3	state CCUP	OF MOTHER MA	At place In the of death yrs mos de State yrs mos de
	-00	(State or Country) Marytand.	Where was disease contracted,
	- 0	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
T	sho	(Informant) Miss. hu The Rhance	usual residence
N.	Sum	2A A - O 10	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Tongar.	CIANS sho	(Address) / Colorade, Cul	Aching Cecifo Oct 2: 1930
	100	15 Filed Oct 1 1920 Charles & Faly 200	20 UN DERTAKER . A D ADDRESS 21
	á	Registrar	Lewinglow How Hade Grace,
- 2		If more highly are needed address State Registrar	. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it fulness of various pursuits can be known. The queswhatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Form laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Plonter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foremon, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a (b) Cotton mill; (a) Salesman. without more precise specification as Doy Compositor, Architect, Locomotive engineer, (b) Automobile foctory. The material For persons who have no occupation single word or term on (b) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicacemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); Meosles; inges, perilonoeum, etc., Corcinoma, Sorcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved letanus) may be stated under the head of "contributory." earbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondar/ Whooping cough; Chronic valvular heart discose; Chronic interstition nephritis, etc. The contributory American Medical Association.) Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "Atrophy," "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condi by Committee on Nomenclature or intercurrent) affection need not be ss important. Example: *Measles* (disease

If this certificate is looked over thoroughly and al questions answered in detail, it will prevent further correspondence. All the data, the certificate is permanently filed.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.
Mari)  Mari)  Mikel Pabajurski  Sti:  Ward)  A hospital or institution, give its NAME instend of street and sumber.)
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH  Opril 22, 1950  (Month) (Day) (Year)  17 I HEREBY CERTIFY. That I attended the decessed from
apr. 21 10230, . apr. 22, 10234
that I lest sew h, alive on
and that death occurred on the date stated above, at
The CAUSE OF DEATH & was as follows:
Old age shock-fracture of both legs
Contributory Struck by Automobile  Secondary
(Signed) Martin & Foly & Poroner M. D.
april 22 1980. (Address Havn de Grace Md.
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
At place of death yrs mos da. State, yrs mos da.
Where was disease contracted, if not at place of death?
Former or usual residence.
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Holy Rosary Gend. apr. 25, 19 30
28 UNDERTAKER ADDRESS
John M. Weber Bolto Mid

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; laborer, Farm laborer, Laborer-Coal mine, etc. Wom-(a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore un sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation

ed term; for the same disease. Examples : Cerebrospinal Lobar pneumonia, Bronchopneumonia ("Pneumonia," Typhoid fever (never report "Typhoid pneumonia"): spiral meningitis"); Diphtheria (avoid use of "(roup"); fever (the only definite synonym is "Epidemic cerebro to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Standment of Cause of Death-Name, first, the DIS-

> .: unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conseas probably such, if impossible to determine definitely train-accident; Revolver wound of had -homicide; Examples: and qualify as Accidental, Suicidal, or Homicidal, or diseases resuiting from childbirth or miscarriage as use of "Tumor" for malignant neoplasms; Poisoned by carbolic acia-probably swelds. The natakcu. State cause for which surgical operation was under-"Puerperal septicaemic,""Puerperal peritonitis," etc. can be ascertained as the cause. "Uraemia," Weakness." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," condition: such as "Asthenia" "Anaemin" ary), 10 ds. causing death), 29 ds.; Browchopmennouse Chronic interstitud nephrilis, etc. "Dropsy, "Bithiustion," "Heart stated unless important. ..... (name origin; "Caneer" is less definite; avoid inges, peritonacim, etc., Vulsions." (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Seulle." etc.), Accidental drowning; Struck by railway Never report mere samed my cr (R. commendations on state-Carcinoma, Surcana, etc., of Example: Mearle: failure." Always qualify all The contributory "Coma," "Con-"Haemordiscuse; Mousics; terminal (merely (second-(discase

tions answered in detail it will prevent furth a prrespond-If this certificate is looked over theroughly and all quess essential dimensust be obtained before

NPR 291930

-Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate. CORD ANENT DING INLY, WITH UNFADING INK--THIS IS A PER MARGIN RESERVED FOR WRITE

V. S. No. 1

PLACE OF DEATH	A519 STATE OF MARYLAND
County Halfna	CERTIFICATE OF DEATH
1/1	Registration Dist. No. 180
Village or City Workow (No. No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME TENTUMEN GERM	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 25, 1980 (Month) (Day) (Yesr)
4 4 2 , 1861	I HEREBY CERTIFY, That I attended the deceased from 1930. to 1930, that I lest sew h. Malive on 1923.
(Month) (Day) (Year) 7 AGE     fLESS than	11 (1
7 AGE   If LESS than   I day hrs.	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Brouchs-Priemories
which employed or (employer)	(Duration)yre,mosde,
9 BIRTHPLACE (State or country)	Contributory Secondery  A Durstion yre mos. de.
10 NAME OF FATHER MURILIAN	(Signed) MONG DOM M. D.
OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER MURILIFICAL	18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trensients or Recent Residents)
OF MOTHER (State or Country)	At place of death yrs mos, ds. In the State yrs ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
Trook Packet	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) ANG Soul	Oak Hill Cemetery Jan. 28 , 1930
15 - 1 1 27 vot a Harral Marchael	20 UNDERTAKER ADDRESS
Filed Jan 27 180 Fred for Registrar	Howard K. McComas, Abingdon, Md.
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephrilis, etc. The contributory Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) FOR VIOLENT DEATHS STATE MEANS OF INJURY Chronic valvular heart disease; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.

PLACE OF DEATH	STATE OF MARYLAND
County Harford	CERTIFICATE OF DEATH
	Registration Dist. No. / 8/
Village or City Bel Ger (No: + D#1	St.: Ward) (If death occurred in a hospital or institution, give its NAME instend of street and
2FULL NAME Sarah C. Page	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ternale White Single, Married, Wilowed.  OR DIVORCED (Write the word)	16 DATE OF DEATH 7 27, 19230. (Month) (Day) (Year)
G DATE OF BIRTH USERIL 17 1845	17 I-HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h exalive on Tel, 1925
7 AGE	and that death occurred on the date stated above, at 12,300, m.
8 4 yrs. 12 mos. 1 day hrs. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	Endo carditis
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) 3 yrs, mos, ds,
9 BIRTHPLACE (State or country) Manualand	Contributory Secondary  (Duration)  yrs.  mosds.
10 NAME OF Daniel Follenger	(Signed) M. D. March M. D. M.
11 BIRTHPLACE OF FATHER (State or country) Manyland	*State the Disease Causing Death, or, in deaths from Violent Causes, stats (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mary Affins	18 LINGTH OF RUSIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State of Country)  Mary Caud	At place of deathyrsmosds. Stateyrsmosds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea.h?
(Informant) Polet Mr. Page	Former or usual residence
(Address) Bel Als Ma Rob # ).	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1930.
Filed Meh / 1934 Of Mechail Registral	20 UNDERTAKER ADDRESS
	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census 2nd American Public Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to e ch and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Salesman, (b) Grocery; At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Wom-

Statement of Cause of Death—Name, first, the DISERATE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

st\_ted unless important. Example: Measles (disease approved by tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "E:haustion, Examples: Accidental drowning; Struck by railway trainperitonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJULY interstitial nephritis, cough; "Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Committee on Nomenclature Chronic etc. valvular heart Always qualify all The contributory not be disease of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1933 STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institu-tion, give its NAME is stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MADDIED WIDOWED OR DIVORCED T Write the word (Month) (Day) 6 DATE OF BIRTH I HEREBY CERTIFY. That I attended the deceased from . to august 27. 193 d structions hat that I last saw ham alive on Conquet 27 , 1930, (Month) (Day) (Year) ũ 7 AGE IIfLESS than and that death occurred on the date stated above, at 7:30 m. I day hrs. The CAUSE OF DEATH \* was as follows: ds. or min.? č OCCUPATION (a) Trade, profession or particular kind of work G (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE Secondary (State or country) OB 10 NAME OF Shot E O F 11 BIRTHPLACE RENTS OF FATHER \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. CAUSI CAUSI (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-Ad. OF MOTHER state CCU2/ ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death yrs mos. ds. State. (State or Country) ŏ T Where was disease contracted. if not at place of dea.h?.. shoul Every item CIANS sho statement Former or residence. 20 UNDERTAKER If more banks are needed, addre state Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

V. S. No. 1

MARGIN

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Hauseer," etc., should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (rc or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e. g., Farmer or Planter, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Loborer-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons (b) Automobile factory. The material who have no occupation -Coal mine, etc. (b) Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease 10 ds. Never report mere symptoms or terminal condi-State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilanitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "Exhaustion," "Heart failure," "Haemorrbage, causing death), 29 ds.; Branchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association. approved by (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicidc. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthonia," "Anaemia" (merely symptom-Whooping cough; Chronic valvular heart disease; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJULY Committee on Nomenclature of the etc. The contributory Always qualify all

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FOR

MARGIN RESERVED

PLACE OF DEATH  County Harfard	09338 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 184
Village or City Cardiff, (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WHOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH  Aug. 4, 1930 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  A 192 for the 192  that I last saw him alive on Aug. 4, 1964.0,
7 AGE	and that death occurred on the date stated above, at 6
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATTER 11 BIRTHPLACE OF FATHER (State or country) York Or Pa	Contributory Secondary  (Duration)  (Signed)  (Signed)
12 MAIDEN NAME OF MOTHER Batrice Fulks  13 BIRTHPLACE OF MOTHER (State or Country) York les fa	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs
(Informant) Mrs. Olini Parthru	Where was disease contracted, if not at place of des.h?  Former or usual residence
(Address) Delta Pa	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  OR UNDERTAKER  ADDRESS
Filed aug 4-1913) N. J. M. Malel- Registral	Mr. Olive Parther. Delta, Pa.  1. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health-fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, business, that fact may be indicated thus; Former (re-tired 6 3778). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Doy worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Solesman, nature of the business or industry, and therefore an Civil engineer, Stationary firemon, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons ention applies to each and every person, irrespective of Foremun, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-(b) Autamobile factory. The material For persons who have no occupation -Coal minc, etc. Wom-6 Grocery;

Streement of Cause of Death—Name, first, the Disease Coursing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature of the tclanus) may be stated under the head of "contributory." corbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Haemorrhage, "Shock," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stited unless important. Example: Mcasles (discase Whooping cough; Chronic valvulor heart discose; Chronic interstitial nephritis, etc. The contributory Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condi-," "Convulsions,

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, age. For many occupations a single word or term on tion applies to e.ch and every person, irrespective of er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farme or given up on account of the DISEASE CAUSING DEATH report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, (b) (b) Automobile factory. The material For persons who have no occupation Grocery;

s; inal meningitis"); Diphtheria (avoid use of "Croup fever (the only definite synonym is "Epidemiz cerebro to time and causation), using always the same accent-Lobar pneumonia, Bronchopmeumonia ("Pneumonia Typhoid fever (never report "Typhoid Pneumonia" EASE CAUSING DEATH (the primary affection with res Statement of Cause of Death-Name, first, the pis-

> American Medical Association.) st\_ted unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:houstion," ""Heart failure,", "Inamition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Apaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "Inanition," "Marasums,
> "Uraemia," "Weakness," etc., when a definite disease (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-(secondary "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be Example: Measles (disease

dita is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all questions permanently filed. answered in detail, it will prevent further correspondence. All the

PLACE OF DEATH County HUMA	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 180
Village or City Ubwy Low (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attanded the deceased from
7 AGE   If LESS than   I day hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	Prinature Bestle  (Durstion) yre mos de
9 BIRTHPLACE (State or country) Way large large father feather leave large lar	Contributory Secondary  Durstion)  M. D.  (Signed)  M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME  12 MAIDEN NAME	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs mos ds.  Where was disease contracted, if not at place of death?
(Informant) Isluding Caken	Former or usual residence
(Address) Down Low 19830 Fred Morlok  Filed Cypril 20 19830 Fred Morlok  Local Registrar	John Wesley Cometery april 20, 1930 and undertaker Hild abrugdon me
If more blanks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requasting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from er," etc., without more previous or wine, etc. Womlaborer, Farm laborer, Laborer—Coal mine, etc. Womlaborer, the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planler, Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Civil engineer, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," approved by telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. The contributory Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, Never report mere symptoms or terminal condi-Committee on Chronicand consequences (e. g., sepsis, valvular heart Nomenclature of the disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FOR WITH UNFADING INK---THIS id be carefully supplied MARGIN RESERVED

	/
13/	
1	

CORD

ctarssified.

properly class of certificate.

ms so that it may be instructions on back of

F DEATH in plain very important. S

Every Item of Information should be CIANS should state CAUSE OF DEAT statement of OCCUPATION is very im

should be stated

ACE

### PLACE OF DEATH

County Harford

E.G.Kurtz & Son

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Jarrettsville, Md

	ull name Walter Pearson	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSO	ONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ssex Male	White Single, Married (Write the Word)	16 DATE OF DEATH Seft 2 7 4, 1923 U (Month) (Day) (Year)
6 DATE OF B	(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192, that I last saw h alive on 192,
A hoth	If LESS than	The CAUSE OF DEATH * was as followed death
(b) General business, or which empl	profession or cind of work Farmer I nature of industry r establishment in loyed or (employer)	Suicide by Hauging  (Duration) 118. mrs. de.  Contributory
9 BIRTHPLAC (State or		Secondary (Durstion) yts mos ds
10 NAME FATHE 01 BIRTHI 0F FA	of ER Not Known PLACE THER	(Signed) M. D. M. M. D.
111 8-	annie Pearson	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transienta or Recent Residents)
OF MO		At place of death
	e is true to the BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence.
(Ad	Idress) White Hall Nd.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Cedar Hill Cem. Sept. 30 ' 19 30 ADDRESS ADDRESS

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Nervant, Cook, work, or At Home, and children, not gainfully om-ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer,'" 'Foreman," "Manager." "Fed-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples : ic additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Farmer Howemaid, etc. If the occupation has been changed to report definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a Civil engineer, Statement of Occupation-Precise statement of oc-Foremun, (b) Automobile factory. The material first line will be sufficient, e.g., Farmer or Planter, For many occupations a single word or term on W.8). Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day specifically the occupations of persons en-Compositor, Architect, For persons who have no occupation Stationary foreman, etc. But in many (a) the kind of work and also (b) the Solesman, (b) Locomotive engineer. Grocery, Wom-

Statement of Cause of Death—Name, first, the Dis-FIATE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros phal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Syphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PÜERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart lanure, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Meastes (disease American Medical Association.) approved by Committee on accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway troin or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as causing death), 29 ds.; Bronehopneumonia (secondary use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Carcinoma, unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping Accommendations on statement of cause of death .... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic etc. valvular heart Nomenclature Always qualify all The Surcoma., etc., of contributory discase;

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

· i

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

to O	ion, give its NAME in- stend of street and sumber.)
ARS	MEDICAL CERTIFICATE OF DEATH
Perried	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attanded the dacessed from Opril 4th 1920, to Opril 9
1864 (Year) LESS than dayhrs.	that I last saw himmaiiva on april 9 1000, and that daath occurred on the date stated above, at 2:45 A.m.  The CAUSE OF DEATH & was as follows:
	(Duration) yrs mos 6 de
igton	(Signed) (Duration)
d	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)  At place In tha of death yrs mos da. State, yrs mos da.
LEDGE	Where was disease contracted, if not at place of death?
ington	Former or usual residence
St.	agel Itill Cem apr. 11. 19.30
gistrar	20 UNBERTAKER  R. Madison Mitchell Havre de Grace, Ro

RENTS Every Item CIANS short statement

of

63

BINDING

FOR

RESERVED

MARGIN

No.

202

6.5 yre 8 mos. 16 de or 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) Filed CL

" more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S No 1.

\*\*

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school or At home. Care should be taken whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm taborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement (a) Foreman, (b) Antomobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of oe For many occupations a single word or term on especially in industrial employments, it is neces-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

рисе.

the certificate is permanently filed.

tions answered in detail, it will prevent further correspond-

all the data is essential and must be obtained before

Nonienelature of the American Medical Association.) If this certificate is looked over thoroughly and all quesment of cause of death approved by head of "contributory." (R commenciations on state quenees (e.g., sepsis, tetanus) may be s'eled under the ture of the injury, as fracture of skull, and conseas probably such, if impossible to determine definitely Poisoned by carballe acid-probably suicide. The natrain-accident; Revolver wound of hera-homicide; Examples: and qualify as Accidental, Suicidal, or Homicidal, or State cause diseases resulting from childbirth or micrarriage as "PUERPERAL seplicaemia." "PUERPERAL portlantits," etc. can be ascertained as the cause. "Uraemia," "Weekness." etc., when a d finite disease rhage," "Inanition." "Marasmus," "Old Are." "Shock," "Dropsy," "Exhaustion." "Heart symptomatic), "Atrophy," "Coll.psc," "Coma," "Concondition. stated unless important. Example: Med les use of "Tumor" for malignant neoplesma); Measles; inqualified, is indefinite); Tuberculosis of lungs, men vulsions." ary), 10 ds. causing death), 29 ds.; Bronchopheumonia Chronic interstitial nephritis, etc. The contributory inges, peritonacum, etc., (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart ...... (name origin; "Cancer" is less definite; avoid FOR VICLENT DRATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Sonile," etc.), such as "Asthenia." Accidental drowning; Struct for which surgical operation Never report mere spant me of Carcinoma, Sarcoma, etc., of "Minerita" Alway qualify all go oathingen) and railing was under-"Haemorterminal (merely (second-(disease discuse;

PHYSI-PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH EXACTLY, I Registration Dist. No. (If death occurred in Ward) a hospital or institu tion, give its NAME in stead of street and properly PERSONAL AND STATISTICAL PARTICULARS CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIED WIDOWED. may be OR DIVORCED (Write the word) should (Month) .....(Day) I HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH that (Month) (Day) (Year) IIf LESS than 7 AGE and that death occurred on the date stated above, at supplied. I day hrs. The CAUSE OF DEATH \* was as follows: 8 OCCUPATION RESERV (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in 2 importa which employed or (employer) be car Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) DO (Signed) 3 1 0 OF FATHER the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. CAU (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans nform state ccup/ ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death. \_\_yrs.\_\_\_\_\_ds. (State or Country) Õ ರ Where was disease contracted, hould 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death?... Every item CIANS sho statement Former or usual residence 20 UN DERTAKER No. If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Statement of Occupation-Precise statement of ocor At Home, and children, especially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the -Coul minc, etc. Womnot gainfully em-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature of the "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Mcusles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of lelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping ..... (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train "Atrophy." "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic valvular heart disease; nephrilis, etc. The contributory Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

3	
NEY.	} :
ITE	

00 2

V. S. No. 1

1PLACE OF DEATH County Harford	© 03038 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Forest Hell (No. 2FULL NAME Infant Pool	Registration Dist. No.  St.: Ward) a hospital or institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Mac 1, 1950
6 DATE OF BIRTH    1930	17 I HEREBY CERTIFY, That I attended the deceased from 192
7 AGE   If LESS than I dayhrsmosds. ormin.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	(Duration) yrs. mos. de
10 NAME OF FATHER Colous W. Poole  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER CHelen & Webster  13 BIRTHPLACE OF MOTHER (State or country)	(Signed)
(Informant) Chas W Poole	Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Frest Hell  Filed Mar // 1980 N. C. Richardson Registras	St May's May 1930 20 UNDERTAKER ADDRESS ADDRESS MANGE

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken or given up on account of the DISEASE CAUSING DEATH, whatever, write None. tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day (a) the kind of work and also (b) the -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same acceptcd term for the same disease. Examples: Cerebrospinal fuer (the only definite synonym is "Epidemic-cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar meannia, Bronchopneumonia ("Pneumonia,"



tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Examples: Accidental drowning; Struck by railway traininges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death (secondary unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be Example: Measles (disease Nomenclature Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

No. 1 00

FLACE	OF DEATH		
CountyH	rford	Phages of a constant	
	Ft. Hoyle, M		estor Pot
PERSON	NAL AND STATIST	ICAL PARTIC	JLARS
sex Female	White	WIDOWED.	widowed
DATE OF BIR		(Write the word	)
5 A 7 E 6 E 6 E	July (Month	15	, 1 849 (Year)
OCCUPATION (a) Trade, proparticular kine	d of work	.mos2_ds	If LESS than I day hrs or min.
business, or es	ature of industry stablishment in ed or (employer)	***************************************	00000000000000000000000000000000000000
BIRTHPLACE (State or cou	washingto	on, D. C.	
10 NAME O	F William Cha ACE ER	gton, D. C.	or
OF FATH	County) Margittill	con, D. C.	
	NAME	n, Selena	

Fort Hoyle, Md.

04395

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 180

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and Ward)

number.)

16 OATE OF DEATH	
	, 19230
April (Month) 1	7 (Day) 30 (Year)
17 I HEREBY CERTIFY, That I at	
April 3, 192 30 to Apr	il 17, 192 30
that I last saw her alive on Apri	
and that death occurred on the date states	above, at 4 A. m
The CAUSE OF DEATH * was as follows:	
Myocarditis, chronic, wi	th decompensation
Undetermined. (Duration)  Contributory Arterio scler	
Secondary	
Undetermined (Duration)	de
(Signed) W.H.HAGINS, Major, April 18, 19230 (Address) Edgewo	Medical Corps. D
*State the Ussase Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	or, in deaths from
18 LENGTH OF RESIDENCE (For Hospi	
ients or Recent Residents)	tals, Institutions, Trans
	tals, Institutions, Trans
ients or Recent Residents)	tals, Institutions, Trans
ients or Recent Residents)  At place In the State of death	tals, Institutions, Trans
ients or Recent Residents)  At place in the Sta Where was disease contracted, if not at place of death?  Former or usual residence.	tale, Institutions, Trans teyrsmosds  DATE OF BURIAL
ients or Recent Residents)  At place of death yrs described yrs describe	tale, Institutions, Trans
ients or Recent Residents)  At place of death yrs described yrs describe	tale, Institutions, Trans teyrsmosds  DATE OF BURIAL
ients or Recent Residents)  At place of death yrs description of the State of death State of death State of death?  Where was disease contracted, if not at place of death?  Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Arlington Nat. Cemetery	DATE OF BURIAL April 19 19 30

MEDICAL CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

definite salary, may be entered as Housewife, House-work, or At Home, and children, not gainfully emer," etc., Wilnou. ... Laborer Laborer branged Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation + Precise statement of ocbusiness, that fact may be indicated thus; Furmer (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, whatever, write None. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enworked on may form part of the second statement. Foreman, For many occupations a single word or term on without more precise specification as Day mpositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many (a) the kind of work and also (b) the -Coal minc, etc. not gainfully em-Wom-

Streement of Cause of Death—Name, first, the DISEALS (AUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhaid Jever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or misearriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meusles, inges, peritonaeum, etc., Carcinoma, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., scpsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VICLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death Never report mere symptoms or terminal condi intercurrent) Chronic etc. The contributory affection need not be valvular keart Nomenclature Sarcoma, etc., of disease,

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number.) PERSONAL AND STATISTICAL PARTICU MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIED may be WIDOWED. OR DIVORCED (Day) Write the word) That I attended the deceased 6 DATE OF BIRTH m netructions that (Day) (Year) and that death occured on the date stated above, 7 AGE IIfLESS than I day hrs. The CAUSE OF DEATH \* was as follows: ED or min.? B OCCUPATION RESERV (a) Trade, profession or plain particular kind of work (b) General nature of industry business, or establishment in UNFADING (Durstion) which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary id be (State or country) pino 10 NAME OF 0 O III 11 BIRTHPLACE \*State the Discase Causing Death, or, in Violent Caus.s, state (1) Means of Injury and Accidental, Suicidal or Homicidal. OF FATHER in deaths from and (2) whether EZ S CAUS (State or country) RE 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 inform state ccup/ ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death. yrs......ds. should ent of OC (State or country) Where was disease contracted, if not at place of death?...... Of Every item CIANS shot statement usual residence. Registra If more blanks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman. (b) Gracery; (a) Forenum, (b) Automobile factory. The innterial should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. cupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed Physician, For many occupations a single word or term on yrs). Farm leborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); "Typhoid fever (never report "Typhoid Pneumonia"; "cobar pneumonia, Bronchopneumonia ("Pneumonia,"

> as fracture of skull, and consequences (e. g., sepsis, telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicarmia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . . . (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercausing death), 29 ds.; Bronchopneumonia (secondary) (secondary use of "Tumor" for malignant neoplasms); Measles unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomen lature of the accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train Chronic interstitial nephritis, American Medical Association.) (Recommendations on statement of cause of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY or intercurrent) cough; Chronic etc. The contributory affection need not be valirular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A. Ithe data is essential and must be obtained before the certificate to permanently filed.

APR 3 I

PLACE OF DEATH	04396 STATE OF MARYLAND
County Haryard	CERTIFICATE OF DEATH
0040 +	Registration Dist. No. 184
Village or City Asselleton (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME OSCAR O	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Colored STREET, MARRIED, Married (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH Dec 28, 1882	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw have alive on affect of 1978,
7 AGE    If LESS than   day hrs. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
particular kind of work	
business, or establishment in Coal yard which employed or (employer) Coal yard	(Duration) yts 2 mos de.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) 718
10 NAME OF HORACE Prigg	(Signed) M. D. (Address) Stelling M. D.
II BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Louisa Spriggs	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
(Informant) Sewish Prian	if not at place of death?
(Address) 235 Enestrut an Ordmory	19 PLACE OF BURIAL OR REMOVALY DATE OF BURIAL OF BURIAL OF BURIAL OF BURIAL OF BURIAL OF BURIAL
Filed april 16 19730 Mr. M. Yeulo Registrar	Ho Bailey Harlington Mid
lf more blanks are needed, address State Registrar,	, 16 W. Saratoga St., Balto., Roomesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when necded. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseer," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on without more precise specification as Day Locomotive engineer,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospidal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia");

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Ezhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, can be ascertained as the cause. Always qualify ali tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-(secondary or intercurrent) affection need Whooping cough; American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease etc. The contributory valvular heart disease; not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND CERTIFICATE OF DEATH County. Registration Dist. No. ssifle Ward) a hospital or institucertificate. tion, give its NAME in stead of street and number.) proper PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 16 DATE OF DEATH 3 SEX WIDOWED. back OR DIVORCED Write the word) (Month) may I HEREBY CERTIFY, That I attended the deceased from DATE OF BIRTI that (Day) (Month) IIf LESS than and that death occurred on the date stated above, at ..... 7 AGE 0 I day hrs. min.? supplie n term B OCCUPATION (a) Trade, profession or Particular kind of work carefully plai (b) General nature of industry business, or establishment in 드 which employed or (employer) Contributory be car odwj 9 BIRTHPLACE Secondary (State or country should 10 NAME OF \*State the iliscaso Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal. ហ ENT OF FATHER (1) 7 CAU (State or country O. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-PA Inform ients or Recent Residents) 0 1 Etat COU In the OF MOTHER .....yrs......mos......ds. State of death 00 Where was disease contracted, it not at place of dea h?.... houl Jo Former or usual res.dence 00 Every it CIANS stateme Registra If more b.anks are needed, addre.s tate Negistrar, 16 W. Saratogo St., Balto., Lequesting V. S. No. 1.

(If death occurred in

ATE OF BURIAL

DEATH

SERV

MARGIN

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthsary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. tired 6 yrs). Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on (b)

Statement of Cause of Death—Name, first, the DISTERSE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"), s, inal meningitis"); Diphtheria (avoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia,")

"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) Recommendations on statement of cause of death "Atrophy." "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Nover report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY Always qualify all

If this certificate is looked over thoroughly and all quastions enswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

5

deaths from

and

WITHIN CORPORATE LIMITS OF

MARGIN

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from nature of the business or industry, and therefore an additional line is provided for the latter statement; it fulness of various pursuits can be known. The ques-Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neceswhatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationory fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm loborer, Laborer-(b) Cotton mill; (a) Salesman. without more precise specification as Day (b) Automobile foctory. The material For persons who have no occupation -Coal minc, etc. Wom-Locomolire engineer, 6 Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (tle only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonio ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "PUERPERAL septicaomia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcomo, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences 'e g., sepsis, carbolic acid-probably suicide. Then ture of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitiol nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of (secondar/ or intercurrent) affection need not be "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease etc. The contributory valvular heort discose; Meosles ;

If this certificate is looked over thoroughly and al questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

N. BEvery Item of Information should be carefully supplied. ACE should be stated EXACTLY, PH CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Estatement of OCCUPATION is very Important. See instructions on back of certificate.	£	ĺÚ.		
N. BEvery Item of Information should be carefully supplied. A CIANS should state CAUSE OF DEATH In plain terms so t statement of OCCUPATION is very Important. See instruct	CE should be stated SXACTLY, PHY	hat it may be properly classified. Ex	ions on back of certificate.	(
N. S.	Every Item of Information should be carefully supplied. ACI	CIANS should state CAUSE OF DEATH in plain terms so the	statement of OCCUPATION is very Important. See instruction	
	N. B			

PLACE OF DEATH County Tarford	09339	STATE OF CERTIFICATE	
d and a second	740	Registration	Dist. No. / 70
Village or City Sewefl (No. 2FULL NAME DOYEUER ESS	telle Rai	St.: Ward	(If death occurred in a hospital or institu- tion, give its NAME is- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICA	AL CERTIFICATE	OF DEATH
SEX 4 COLOR OR RACE 5-SINGLE, MARRIED, WIDOWED. OR DIVERSOR (Write the word)	16 DATE OF DEATH	Reguest (Month)	2/ , 1930
6 DATE OF BIRTH  (Month) (Day), 1866  (Youth) (Day)	amination of the b		her dead. My Lx- vestigations con
8 OCCUPATION If LESS than I day hrs. or min.?	The CAUSE OF DEAT	H * was as follows:	age
(a) Trade, profession or particular kind of work	***************************************		1 0 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
(b) General nature of industry  business, or establishment in  which employed or (employer)		(Duration)	a few munte
9 BIRTHPLACE (State or country) Balfo Such	Contributory Secondary	(Durstion)	vrs. mos da.
10 NAME OF Colour Officer	(Signed) 0.7.0	Pau Bibb	M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME ((()))		(Address) Jev sease Causing Death, ate (1) Means of Ir or Homicidal.	or, in deaths from njury and (2) Whether
of MOTHER Clevestile Dross	18 LENGTH OF RES		tals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country) Balko Wed	At place of deathyrs		teyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or	n}	
(Address 4006 Olefton Ceve	19 PLACE OF BURIAL Loudon Park		August 25 30
15 Filed aug 23 19/30 Fred Morlok	20 UNDERTAKER Howard K.Mc	Comas,	Abingdon, Md.
If more banks are needed, address tate Registra	r, 16 W. Saratoga St., E	Balto., Kequesting V.	S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from Spinner, (b) Colton should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs. busines, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in deniestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed as Al school, or Al home. Care should be taken definite salary, may be entered as Housewife, Househousehold only 'not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician. tion applies to each and every person, irrespective of Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-Foreman, For many occupations a Farm laborer Laborer without in re precise specification as Day Compositor, For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the mill; Architect, (a) Salcsman. single word or term on -Coul minc, etc. Locomotive engineer, Grocery; Wom-

Strument of Cause of Death Name, first, the DIS-EAR TO USING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> stated unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite discase "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Careinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicidc. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (mcrely symptom-(secondary or intercurrent) affection need Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY interstitial nephritis, Chronic valvular heart disease; etc. The contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	PLACE OF DEATH	15074 STATE OF MARYLAND		
	County Harland	CERTIFICATE OF DEATH		
1/		Registration Dist. No. 8, 18		
Y				
/ V	illage or City (thersless) (No. X	St: X Ward) a hospital or institution, give its NAME in		
	2FULL NAME William Hicke (	Rawhoused stead of street and number.)		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, W. 1.	16 DATE OF DEATH / 30 30		
1-	Man WIDOWED. MASTONEN	, 1920		
1	Male, Write the word)	(Month) (Day) (Year)		
6	DATE OF BIRTH	June 1927, to Dec. 30 0 , 150		
	Wec- 11, 1834			
-	(Month) (Day) (Year)			
7	AGE   If LESS than   I day hrs.	and that death occurred on the date stated above, at 1915 Pm The CAUSE OF DEATH * was as follows:		
	76 yrs mos. 14 ds. or min.?	De Brondit		
	OCCUPATION	Mital went vein - cardie		
	(a) Trade, profession or Betired hanner	de consument in		
	(b) General nature of industry			
	business, or establishment in Which employed or (employer)	(Duration) yrs mos ds		
9	BIRTHPLACE	Contributory Secondary		
	(State or country) (when dean MA.	(Duration) yes, mos. 3 ds		
1	10 NAME OF	(Signed) 1 P. Dompon M. D.		
	FATHER Joshua Jawhouser	Dar 312 1930 (Address) Ane deen Md		
L C	of Father 1/ 1			
L N	(State or country) Harford Co. Ma.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
0 0	OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)		
	13 BIRTHPLACE OF MOTHER	At place In the		
	(State or Country) facford teo.	Where was disease contracted,		
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?		
	1. 1. Harring.	Former or usual residence		
	(Informant) James A. Sacracy	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL		
	(Address) Chaden May	Troul Cemetery Jan 2, 197/		
13		20 UNDERTAKER ADDRESS		
	Filed Registrar	Menry Janingons cherolen		
=	16 howke are meeded address State Registra	r. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.		

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from er," etc., nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salcsman. (b) without more precise specification as Day For persons who have no occupation (b) Automobile fuctory. The material Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospitual fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); spinal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fewer (never report "Typhoid Pneumonia,"

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus, Ou Age,
"Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart lauure, "Old Age," "Shock," "Tranition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," Chronic interstitial nephritis, approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; "Heart failure," "Haemorrhage, Chronic etc. The contributory valvular heart

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is partmanently filed

-Every Item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH In plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD NLY, WITH UNFADING INK --- THIS IS A PERMANENT SING MARGIN RESERVED FOR WRITE 1. %. No. 1

	6520
PLACE OF DEATH	STATE OF MARYLAND
County Harbord	CERTIFICATE OF DEATH
130	Registration Dist. No. 185
Village or City hear Harn de Grace you	Ward) (If death occurred in
2FULL NAME VOUL COMMU	Now Weynorday a hospital or institu- tien, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mau 4 COLOR OF RACE 5 SINGLE, MARRIED, WIDOWED SUB- (Write the word)	famuary 26 , 1986  (Mofth) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the decessed from
July 10, 1896	
(Math) (Day) (Year)	that I last saw halive on
7 AGE    If LESS than    I dayhrs.	and that death occured on the date stated above, at
94 yrs. 6 mos. 6 de or min.?	From Fracture at the base of skull
(a) Trade, profession or Mile Phils	Caused by assidutly running can
particular kind of work 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	into Concrete butress at Humit & Bridge
business, or establishment in which employed or (employer)	State Rol Hear, Co. (Duration) yre more de.
9 BIRTHPLACE	Centributory
(State or country)	Secondary (Duration) yrs mes
10 NAME OF PM & RUND MILE	(Signed) Martin, Pholy Coroner" M.D.
11 BIRTHPLACE	Jan 26" 1980 (Address) Horre de Grace my
OF FATHER Z (State or rountry)	*State the Disease Causing Death, or, in deaths from Violent Caus.s, state (!) Means of Injury and (2) whether
TI 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of Moderate. Bruen	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER OF	At place In the of death yrs mos ds. State yrs ds.
(State or country)  14 THE ABOVE A TRUETTO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Malapray Welnered	Former or usual regidence 3739 Roland are Bollind
(Address 3739 Roland am	Loudan Tark Jan 28. 130
15 Filed Jan. 26 1980 Chas J. Foly MS	MUNDERTAKER 11 2530 TOPRESS
If more banks are needed, addross State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

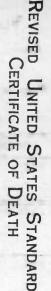
(Approved by U. S. Census and American Public Health Association.)

filliess of various pursuits can be known. The queshousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., (a) Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of contion is very important, so that the relative health Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH. whatever, write None. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, (b) Automobile For many occupations a single word or term on or At Home, and children, not gainfully em-Farm leborer, Laborerwithout more precise specification as Day factory. The material -Coul mine, etc. Wom-(6) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

(Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory" use of "Tumor" for inalignant neoplasms); inges, peritonaeum, etc., Carcinomo, Sarcoma., etc., of ..... (name origin: "Cancer" is less definite; avoid "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Exhaustion, "Debility" tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; diseases resulting from childbirth or miscarriage as approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis. carbolic acid-probably suicide. The n-ture of the injury, aecident; Revolver would of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL. or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJUNY ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, Chronic Example: Measles (disease etc. valeular heart disease; The contributory Always qualify all Measles;

If this certificate is I oked over thoroughly and a.l qu fions answered in defail, it will prevent further correspondence. the data is essential and must be obtained before the certificate is permanently filed.



(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. gaged in domestic service for wages, as Servent, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, house household only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager." "Feal-Spinner, (b) Cotton mill; (a) nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, ctc. without more precise specification as Day For persons who have no occupation (b) Automobile If the occupation has been changed factory. The material Salesman. Locomotive engineer, But in many (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal Jever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia,")

as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitie," etc. "Debility" ("Congenital," "Senile," ctc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Mcasles (disease approved curbolic acid-probably suicide. The nature of the injury, accident; Revolver would of head -homicide; Poisoned by Examples: Accidental drowning; Siruck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of unqualified, is indefinite); Tuberculosis of lungs, mer-American Medical Association.) (Recommendations on statement of cause of death (secondary or intercurrent) affection need Whooping cough; . . . . . (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions," Nevcr report mere symptoms or terminal condideath), 29 ds.; Bronchopncumonia (secondary) interstitial nephritis, by Committee on Nomenclature of the Chronic valvular heart disease; etc. The contributory not be

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate in permanently filed.

RESERVED

MARGIN

13861

#### STATE OF MARYLAND

(If death occurred in

CERTIFICATE OF DEATH Registration Dist. No.

chardson	tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE	DF DEATH
16 DATE OF DEATH NOW	30, 1938
	(Day) (Year)
17 I HEREBY CERTIFY, That Latt 28 1930 to 19 that I last saw her alive on	ended the deceased from
nan and that death occurred on the date stated	110 P
ars. The CAUSE OF DEATH * was as follows:	400 ve, at
Siteshed Obs	twelver
(Duration)	yrs. 0 mos. 3 ds.
Contributory Secondary	, , , , , , , , , , , , , , , , , , ,
(Signed) (Signed) (Address) Alre	ideen wo
*State the Disease Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	or, in deaths from jury and (2) Whether
18 LENGTH OF RESIDENCE (For Hospi	tals, Institutions, Trans-
At place In the of deathyrsmosds.	eyrsde
Where was disease contracted, if not at place of death?	
Former or usual residence	
9. Bahers Cemetry 20 UN DERTAKER	DATE OF BURIAL  DAVID 1930  ADDRESS
trar, 16 W. Saratoga St., Balto., Requesting V.	5, No. 1.

No. 1 ໝໍ

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully emadditional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, er," etc., Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farnier toor given up on account of the DISEASE CAUSING DEATH. Housenuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebioed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the bys-Typhoid fever (never report "Typhoid Pneumonia" pneumonia, Bronchopncumonia ("Pneumonia,

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart f "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Mcasles (disease use of "Tumor" for malignant neoplasms); Mcasles; ..... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, can be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Whooping cough; American Medical Association.) "Atrophy," "Collapse, perilonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, Chronic " "Old Age, " "Shock," "," "Coma," "Convulsions," valvular heart disease; etc. The contributory

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed If this certificate is looked over thoroughly and all questions

6

	PLACE OF DEATH	15078 STATE OF MARYLAND		
	County # a v to to	CERTIFICATE OF DEATH	a	
	0000	Registration Dist. No.		
	Village or City Bellie Destor	St: Ward) (If death occurr a hospital or in tion, give its NAM stead of street number.)	nstitu ME ii	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
	SEX 4 COLOR OR RACE SINGLE, MARRIED, MIDOWED. What Wilder (Write the word)	16 DATE OF DEATH Dec /7 , 192  (Month) (Day) (Ye		
	Sept. (Mosth) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased		
	7 AGE    If LESS than   I day hrs.   or min.?	and that death occurred on the date stated above, at 325	4_m	
	8 OCCUPATION (a) Trade, profession or Housedules particular kind of work	angeous receive		
-	(b) General nature of industry pusiness, or establishment in which employed or (employer)	(Duration)yrsmos	ds.	
	9 BIRTHPLACE (State or country)	Contributory Secondary (Decision) yrs mos	de	
	10 NAME OF Chas Hensley	(Signed) Charles (Address) Bellevi 192	M. D	
	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths freviolent Causes, state (1) Means of Injury and (2) Wheth Accidental, Suicidal or Homicidal.	cm her	
	of Mother Messer Reusela	18 LENGTH OF RESIDENCE (For Hospitals, Institutions,	Trans	
	13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place of death	ds	
	(Informant) Chas Riesson	Where was disease contracted, if not at place of dea.h?		
	(Address) Belan mil	- January January	930	
	Filed Dec. 19 1930 V. E. Chambers. Registras	Dean & Joslan Belan mo	(	
	If more bianks are needed, address State Registrar	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.		

Richardson

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it Civil engineer, worked on may form part of the second statement For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many person, irrespective of

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrdspingl to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia" EASE CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia

> approved by Committee on telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY (name origin ; "Cancer" is less definite ; avoid Chronicetc. The contributory affection need valvular heart disease; Nomenclature of the not be

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

1	01741
PLACE OF DEATH	STATE OF MARYLAND
County Ranford	© CERTIFICATE OF DEATH
	Registration Dist. No. 185
Village of City Halle State (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Margaret Ke	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, MILLIANCE	16 DATE OF DEATH Fel 13, 1980
Terrele white (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Sept. 14, 1871	Tel 1930 to Til 13, 1920
(Month) (Day) (Year)	that I last saw h alive on Total 3, 19200,
	and that death occurred on the date stated above, at 11:30 cm.
08 yrs. 5 mos. 12 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	Ol 10 1 1 TO
(a) Trade, profession or	Curono Valvalas Olisione
particular kind of work	Mule Majora dela
business, or establishment in	(Duration) Lyrs, mos ds.
which employed or (employer)	Contributory Cardiac Failure
9 BIRTHPLACE (State or country) Maryl	Secondary (Duration) yrs mos ds
10 NAME OF	(Signed) James Joley M.D.
PATHER Charles B. Kenly	2/15 1920 (Address) Have de Diane
II BIRTHPLACE OF FATHER	*State the Disease Causing Death, or, in deaths from
Z (State or country) / Laryaud.	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Alee Meeklein.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country)	of death
	if not at place of death?
	Former or usual residence
(Informant) factoria w. v.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Stallsrace. Trea,	Grovelewetern Feb. 16,03
15 \$1 . 5 3 LO ( FO OS)	20 UNDERTAKER . ADDRESS 2
Filed Vet. 15,19820 Chas. J. (Joley XAD)	Tours atours and Holderses.
// Jegistiai	Coccession in the contract of

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH ployed. as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planler, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Cout mine, etc. wom-en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of etc., nner, (b) Cotton mill; (a) Salesman. (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation single word or term on

Statement of Cause of Death—Name, first, the Distance Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." Recommendations on statement of cause of American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, inges, peritonaeum, etc., Carcinoma, Sareoma, etc., of approved by Committee on Nomenclature of the earbolic acid-probably smeide. Then ture of the injury diseases resulting from childbirth or miscarriage as "PUERPERAL septimenta," "PUERPERAL peritonitis," etc. "E.haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronehopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar, Chronie interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway troin "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; or intercurrent) affection need not be Chronic Example: Measles (disease "Senile," etc.), "Dropsy," failure," "Haemorrhuge," valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR B

V. S. No. 1

PLACE OF DEATH County Harford,	STATE OF MARYLAND CERTIFICATE OF DEATH
County CorrosA	Registration Dist. No. 185
Village or City Hele Grace, (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
2FULL NAME 9 acres 0. 00	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.  MARRIED.  WIDOWED Whouse OR DIVORCED (Write the word)	16 DATE OF DEATH 7 (Worth) (Day) (Year)
6 DATE OF BIRTH  March 17, 1	17 1 HEREBY CERTIFY, That I attended the deceased from 1920 to 20, 1920
. (Month) (Day) (Year)  7 AGE   If LESS than	and that death occurred on the date stated above, at 3 a. m.
74 yra. 8 mos. 3 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or hivery war	Warne Hermonley -
(b) General nature of industry usiness, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory (Contributory Secondary)
10 NAME OF FATHER William Robinson.	(Signed) John Have & Lean les
OF FATHER (State or country) Manyland,	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER ULLSUFOUND	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Muleuvuu	At place of death yrs mos. ds. In the State yrs mos ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?  Former or usual residence
(Informant) Julies Robinson Jr.  (Address) Adelsrace Euch	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Still Poudlemetery, Nov. 25, 1930.
Filed Mov. 20 102 Chas. J Foly M.D.	20 UN DERTAKER Lewingtown Habbree. 2nd
If more bianks are needed, address State Registra	, 16 W. Saratoga St. Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Qook ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed business, that fact may be indicated thus; Farmer (reetc., report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material -Coal minc, etc. Wom-(b)

Statement of Cause of Death—Name, first, the Drew EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ded term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ceretal spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"tetanus) may be stated under the head of "contributory." approved by Committee on Nomenclature of the causing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Mcasles; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary Whooping(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traininges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, FOR VIOLENT DEATHS State MEANS OF INJURY cough; or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory

It this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the late is essential and must be obtained before the certificate is personently filed.

N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD. NENT ACT, WITH UNFADING INK--THIS IS A MARGIN RESERVED FOR WRITE

V. S. No. 1

	PLACE OF DEATH	09340 STATE OF MARYLAND		
	County Harferd	© CERTIFICATE OF DEATH		
		Registration Dist. No. 183		
	Village or Gier Shewsulles Cohele!	fall P.O md St.: Ward a hamital or institute		
The state of the s	2 FULL NAME Sarah Emma O.	Ward) a fractal occurred in a factor occurred in a		
7	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
2000	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH August 14, 1980 (Month) (Day) (Year)		
2	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from		
0	(Month) (Day) (Year)	that I last saw h exalive on Charlet 1, 1920,		
	7 AGE   IfLESS than	and that death occurred on the date stated above, at 2, 30, P., m.		
3	1 day hrs.	The CAUSE OF DEATH * was as follows:		
2	/ Y yrs. 6 mos. 24 8 ds. or min.?	arterio Scherosing Chroni		
2	(a) Trade, profession or	myocardilo		
	particular kind of work (b) General nature of industry			
2	business, or establishment in which employed or (employer)	(Duration) vrs. mos. da.		
	9 BIRTHPLACE (State or country) Harford (o. Ind.	Contributory OSEKRAL HEMOTRALIA Secondary (Durston) yrs mos 3 ds.		
	10 NAME OF	(Signed) ( ) A C C C Seo M. D.		
	FATHER JUSEPH Robinson	Queg. 15 1930 (Address) White Hall M.		
	OF FATHER  Z  (State or country) Harford Co. Sul.	*State the Disease Causing Death, or, in deaths from Wolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
	of Mother Con Howell	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)		
	13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of deathyrsmosds. Stateyrsmosds.		
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?		
	(Informant) This m. S. Phillips	Former or usual residence DATE OF BURIAL OR REMOVAL DATE OF BURIAL		
	(Address) White Hall his	Bechel aug 16, ros		
	15 Filed aug 16 1930 Thomas P. Brown Registrar	20 UNDERTAKER ADDRESS		
1		, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.		

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." approved by Committee on Nomenclature of the accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "(Exhaustion," "Heart failure," Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, pertionaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septieaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condietc. The contributory affection need valvular heart not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH
unty Harford

#### STATE OF MARYLAND CERTIFICATE OF DEATH

County Harford	Registration Dist. No. / 82
Village or City Bel Can Mano.  2FULL NAME Thomas H Rof	St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH  Month (Day) (Year)	that I last saw h Amalive on Oct 12, 1920
7 AGE    If LESS than   day hrs.   or min.     B OCCUPATION   (a) Trade, profession or particular kind of work   Carry     (b) General nature of industry	and that death occurred on the date stated above, at
business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)	Contributory Hypertension ds.  Contributory Secondary  (Dyration) 7 yrs. mos. ds.
10 NAME OF FATHER Sam' & Robinson  11 BIRTHPLACE OF FATHER (State or country)	(Signed)
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death
(Informant) Clara Cain Rohman (Address) Belan, Ind Filed Oct-14 1980 NE Richardraon Registrar	19 PLACE OF BURIAL OR RÉMOVAL DATE OF BURIAL  SE GENERAL  20 UN DESTAKER  DE LA SELLA MALL  DATE OF BURIAL  DEL 15, 1930  ADDRESS  DEL MALL  DEL MALL  DATE OF BURIAL  DEL 15, 1930  ADDRESS  DEL MALL  DEL MA

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

12895

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed us At school, or At home. Care should be taken whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic scrvice for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation single word or term on Locomotive engineer, (b) Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia") ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-(the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

tificate is looked over thoroughly and all questions

BUREAU V. A

JAN 80 1931

telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," ("Inanition," "Marasmus," "Old Age," "Shock," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify ali "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, etc. The contributory Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, resulting from childbirth or miscarriage as Chronic valvular heart Nomenclature of the disease;

importa

ATIO

state CCUP/

should

Every Item CIANS shot statement

OCCU

of

N	-	1	
V	-	Y	

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in St.: Ward) a hospital or institution, give Its NAME is stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE, Marrie 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH WIDOWED. (Write the word) I HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH (Year) (Month) (Day) IfLESS than 7 AGE and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH \* was as follows: or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Durstion) which employed or (employer) 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 920 (Address) 11 BIRTHPLACE in deaths from and (2) Whether OF FATHER Causing Death, the Disease er. ENA Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME œ 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-V OF MOTHER ients or Recent Residents) 13 BIRTHPLACE In the At place of death... OF MOTHER .....170 (18...... (State or country) Where was disease contracted, if not at place of dea.h?. OF MY KNOWLEDGE Former or usual residence. (Informant) DATE OF BURIAL (Addresa 20 UNDERTAKER If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. Ao. 1.

130

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from Spinner, (b) Collon will; (a) Salesmen. (b) Grocery; (ā) Foreman, (b) Automobile foctory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dedishould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., nature of the husiness or industry, and therefore an Civil Engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g.. Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a especially in industrial employments, it is neces-For many occupations a Mrs). Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the single word or term on -Coal mine, etc. Wom-Locomotive engineer,

Statement of Cause of Death—Name, first, the DISSEAR CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted edterm for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); spinal meningitis"; Diphtheria (avoid Preumonia"); Luther presentation.

Recommendations on statement of cause of "Debility" ("Congenital," "Senile," etc.), "Dropsy," (E:haustion," "Heart failure," "Haemorrhage," "Jinanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) Chronic interstitial nephritis. unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association. Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; Chronic valvular affection need not be etc. The contributory Nomenclature heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

o'N

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 180

Ward)

(If death occurred in a hospital or institution, give its NAME is - stead of street and number.)

DATE OF BURIAL

ADDRESS

		*******		
MEDI	CAL CERTIF	ICATE OF D	EATH	
16 DATE OF DEATH	' Je	uve	18.	19250
17 I HEREB		onth)(D		
1999	192	to Mariende	418	, 1923
that I last saw h	Lalive on	Ju	m17	, 192.7
and that death occu			o, at	-\~ <u>"</u>
The CAUSE OF DEA	IH * was as t	ollows:	27.53	Carina.
Peretra	l Ha	ku or	sloc	je.
044444440700000000000000000000000000000	(Dura	tion)yre.	4	d
Contributory Secondary	1. 1.	DI		
(2)	arej	hipn)	m	d M. I
Alle 18192	36Address)	Edg E	wo	d
*State the Violent Causes, Accidental, Suicida	Piscase Causin state (1) Mea or Homicidal.	g Death, or, ns of Injury	in deat and (2)	hs from Whether
16 LENGTH OF R	•	or Hospitals,	Instituti	ons, Tran
At place of deathyrs	mosds.	In the State	.yrs	mosd
Where was disease con				

If more branks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. Ao. I.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; Example: Measles (disease etc. The contributory affection need not be Nomenclature of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

No.

002 → m

PLACE OF DEATH	14397 STATE OF MARYLAND
County Hosport	CERTIFICATE OF DEATH
5	Registration Dist. No. /80
Village or City Timman (No.	St.: Ward) (If death occurred in
	a hospital or institu-
2FULL NAME James of Place	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Celle (Write the word)  4 COLOR OR RACE 5 SINGLE, MARRIED, WILDOWED. WELAUSE (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH  Ofil  (Month)  (Day)  (Year)	that I was saw hour alive on Uponil 27, 1920,
7 AGE   If LESS than   day hrs.	and that death occurred on the date stated above, at 8-30 Pm. The CAUSE OF DEATH * was as follows:
/ yra	dealites and
(a) Trade, profession or	Ceuces
particular kind of work March	Carcinoma of leg. Cw&R.
(b) General nature of industry business, or establishment in	(Duration) 3 yrs. mos / O.ds.
Which employed or (employer)	
9 BIRTHPLACE (State or country)  Mayland	Contributory Secondary (Durstion) yrs. mos. ds,
10 NAME OF John Roleus	(Signed) All Ottle) M. D.
U 11 BIRTHPLACE	Mynd 1928 (Address) Wymun Min
OF FATHER  Z (State or country)  Maryland  12 MAIDEN NAME  2 12 MAIDEN NAME  2 12 MAIDEN NAME  2 12 MAIDEN NAME  3 12 MAIDEN NAME  4 12 MAIDEN NAME  5 12 MA	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Rachel Miner	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or country) Mary land	of deathmosds. Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?  Former or usual residence Magnislia Med,
(Informant) Waughler, Sm t. Rabiner	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Parymain	Ebenezer Cemetery April 30, 19 30
15 For Alex O a a roll of The ed March	20 UNDERTAKER ADDRESS
Filed April 29 19430 Tried Morclost Registras	Howard K.McComas, Abingdon?, Md
If more blanks are needed, addre a Ltate Registral	, 16 W. Saratoga St., Balto., Kequesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton will; (a) Salesman. (b) Grocery. (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Fermer trestate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screant, Cook ployed as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enen at home, luborer, Housemuid, etc. If the occupation has been changed " etc., without more precise specification as Day or At Home, and children, not gainfully em-For many occupations a Farm laborer, Laborer-Coal mine, etc. Womyrs . Compositor. who are engaged in the duties of the For persons who have no occupation Architect, single word or term on Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DIS-EA: CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhold fever (never report "Typhold Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atie), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (seeondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentclanus) may be stated under the head of "contributory." "PUERPERAL seplicacmia," "PUERPERAL perilonitis, "Uraemia," "Weakness," etc., when a definite disease Whooping cough; approved by Committee on (Recommendations on statement of cause of death as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from ehildbirth or miscarriage as ean be ascertained as the eause. Always qualify all (secondary or intercurrent) American Medical Association.) perilonaeum, etc., Carcinoma, Sarcoma, etc., of . (name origin; "Cancer" is less definite; avoid interstitial nephritis, FOR VIOLENT DEATHS State MEANS OF INJULY Chronic and consequences (e. g., sepsis, etc. The contributory valvular heart discase; affection Nomenclature of the need not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

CORD NLY, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR

WRITE

V. S. No. 1

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important, See instructions on back of Cortificate. N. B.

	PLACE OF DEATH  County Harford:	03042	STATE OF I	
		, (12)	Registration	10 -
Vil	Page or City Halleree, (No	ouse,	St.: Ward)	06 d-001 d i
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICA	L CERTIFICATE (	OF DEATH
te	4 COLOR OR RACE SINGLE. MARRIED, WIDOWED. OR DIVORCED (Write the word)	24		(Day) (Year)
7 4	(Month) (Day) (Year)  (GE (If LESS than	Murch 9		9
	88 yrs. 10 mos. 19 ds. or min.?	and that death occurre The CAUSE OF DEATH		above, at
() ()	a) Trade, profession or Accession or articular kind of work  b) General nature of industry	acila	Jash	
W	URTHPLACE (State or country)  (State or country)	Contributory Secondary	Dumion)	yrs mos ds.
	10 NAME OF John D. Walker.	(Signed) 7.10.	(Address) Fas	of De Familie
ENTS	OF FATHER (State or country) Maryland.	*State the Dise Violent Causes, state Accidental, Suicidal or	ase Causing Death, e (1) Means of In Homicidal.	or, in deaths from jury and (2) Whether
PAR	OF MOTHER Mary Bartol		DENCE (For Hospi	tals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country)  Manual  (State or Country)	At place of death yrs	In the Stat	
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contractif not at place of death?  Former or		
	(Address) Haller House, Md,	19 PLACE OF BURIAL  Augel 24	OR REMOVAL	Melu 12 19 34
15	Filed March 11 180 Cha. J. Faley, M. D. Registrar	20 UN DERTAKER	jlouren	Address 2nd
	If more branks are needed, address State Registrar	, 16 W. Saratoga St., Ba	No., Requesting V.	S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; if sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servont, Cook, Housemaid, etc. If the occupation has been changed ployed as At school, or At home. Care should be taken to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Munager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (o) nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. household only (not paid Housekeepers who receive a Foreman, especially in industrial employments, it is neces-For many occupations a Farm laborer, without more precise specification as Duy For persons who have no occupation (b) Automobile factory. The material Stotionary fireman, etc. But in many Laborer-Coal mine, etc. Womsingle word or term on (3) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted te: n for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtherio (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Tobar pneumonia, Bronchopneumonia ("Pneumonia,")

tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc., "Dropsy, "Enhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondar/ or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); inges, peritonoeum, etc., Carcinoma, Sorcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Chronic interstitiol nephritis, Whooping American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway troin-.. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi cough; Chronic Example: Measles (disease valvulor heart disease, etc. The contributory Meosles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

County VFaifue	CERTIFICATE OF
Cohla	Registration Dist. No.
Village or City (No.	St: Ward) (If d a hos tion, ;
2FULL NAME UMA Muff	steed
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended t
Mes 18 1930	
(Month) (Day) (Year)	that I last saw halive on
7 AGE   If LESS than	and that death occurred on the dete stated above,
yrs. 4 mos. 28 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or L, L +	Weyalur Bergh -
particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs
9 BIRTHPLACE (State or country)	Contributory Secondery
10 NAME OF FATHER WALLS	(Signest)
II DIRTUDI ACE	(114 8192 30 Address) Edg &
OF FATHER  (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury an Accidental, Suicidal or Homicidal.
of MOTHER Mary Truston	18 LENGTH OF RESIDENCE (For Hospitels, Incidents or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of death yrs mos ds. State yr
(State or Country)	Where was disease contracted, if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant)	19 PLACE OF BURIAL OR REMOVAL DAT
(Address)	Talmacle of Com Com
Filed aug 9 1950 ME Kickarden Registron	20 UNDERTAKER ADDR
	, 16 W. Saratoga St., Balto., Requasting V. S. No. 1.

PLACE, OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

(If death occurred in a hospital or institu-tion, giva its NAME in-steed of street and number.)

MEDICA	L CERTIFIC	ATE O	F DEATH	
18 DATE OF DEATH	le	4	8	1923
***************************************	(Mont	h)	(Day)	(Year)
17 L HEREBY	CERTIFY, The	at I atter	nded tha de	cased from
	192 to.			, 192
that I last saw h	_alive on			192
and that death occurr	ed on the dete	stated a	bove, at	a n
The CAUSE OF DEATH				
~ _	- 1		1	
wender	w Be	w	-7-	- nuo
		********		
	(Duration	n)	yrsn	d
Contributory	1			
Secondery		1	A	
· · · · · · · · · · · · · · · · · · ·	Duratio	7)	ard I	nosd
(Signed)	U War	UV	0010	M, I
Wey Y 1923	Address)	Ed	y wes	paro
*State the Dis Violent Causes, sta Accidental, Suicidal o	te (1) Means r Homicidal.	Desth, of Inju	or, in dos	ths from Whether
18 LENGTH OF RES		Hospite	ls, Institut	ions, Tran
At place of deathyreme	osds.	In the State.	yre	mosd
Where was disease contra if not at place of death	octed,	aa400000 - 0000 no 00		0 0 0 0 daham 0 0 0 0 0 o da <del>aq daaq aa</del>
Former or usual residence	2020-2-40mm		*******************	•••••
19 PLACE OF BURIAL	OR REMOVAL		DATE OF	BURIAL
Taturac	le of C	luc 1	sug 9	193
20 UNDERTAKER	1	7	ADDRESS	

V. S. No. 1

20 ż

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken loborer, Form loborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (o) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (redefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Civil engineer, tion applies to each and every person, irrespective of or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Doy For persons who have no occupation Stotionary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease approved by Committee on tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemourhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitiol nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Meosles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; etc. The contributory affection need Nomenclature of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Harford County	04398 STATE OF MARYLAND CERTIFICATE OF DEATH				
4	Registration Dist. No. /80				
Village or City Creswell (No	St.: Ward) (If death occurred In a hospital or institution, give its NAME instead of street and number.)				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
White Windle Windle (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)				
6 DATE OF BIRTH October , 1874.  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from				
7 AGE    If LESS than   I day hrs. or min.?	and that death occurred on the date stated above, at 9-P. m.				
(a) Trade, profession or John Colored (b) General nature of industry	Gound Dead Disease"				
business, or establishment in which employed or (employer)	theart trouble several quantity that yis mos ds.				
9 BIRTHPLACE (State or country) Harried Grenty	Contributory Secondary  (Duration)  yrs				
10 NAME OF FATHER Worten Pustell	(Signed) Fred Morloff Coroner M. D. Opril 30 1930 (Address) abingulon md				
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.				
OF MOTHER  13 BIRTHPLACE	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)				
OF MOTHER (State or Country)	At place of deathyrsmosds, In the Stateyrsmosds.				
(Informant) Lillian Wight	if not at place of dea.h?				
(Address) 73 4 E. 36 W. St.	About galor Country may 1, 1930				
Filed May! 1980 Fred eller Cope Programme	Howard K meloma Abones				
If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.					

(Approved by U. S. Census and American Public Health Association.)

laborer, household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emstate occupation at beginning of illness. If retired from er," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quesor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Grocery;

Statement of Cause of Death—Name, first, the DISLASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Fneumonia,")

"Uraemia," "Weakness," etc., when a definite disease American Medical Association.) telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-Chronic etc. valvular heart The contributory disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSI-PLACE OF DEATH 15644 STATE OF MARYLAND CERTIFICATE OF DEATH rated EXACTLY, Properly classifled. Registration Dist. No. Village City (If death occurred in St.: Ward) a hospital or institu-tion, give its NAME instead of street and number.) properly PERSONAL AND/STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. 7 pe WIDOWED. OR DIVORCED (Write the word) may chould That I attended the seceased from OF BIRTH that (Month) (Day) (Year) 7 AGE IIf LESS than and that death occurred on the date stated above, at ... I day hrs. The CAUSE OF DEATH \* was as follows: (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) be car Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) Marikon 10 NAME OF 0 Shoul E OF FATHER 11 BIRTHPLACE OF FATHER \*State the Disease Causing Death, or, in deaths from S CAU (State or country) Violent Causes, state (1) Means of Injury and 0 Accidental, Suicidal or Homicidal. ati 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transinform state CCUP/ ients or Recent Residents) 13 BIRTHPLACE At place OF MOTHER of death yrs ..... mos, ..... ds. (State or Country) item of i ō Where was disesse contracted, if not at place of death?. Every item CIANS sho statement Former or usual residence DATE OF BURIAL 20 UNDERTAKER m If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, tired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coul minc, etc. Woin-(4) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b)

Statement of Cause of Death—Name, first, the Disease causing Death (the primary affection with respect to time and causation), using always the same accepted te: a for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,";

carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicuomia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Huemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Branchopneumonia (secondary), (secondar; or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); ...... (name origin; "Cancer" is less definite; avoid inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "Uruemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse." "Coma," "Convulsions, cough; Chronic valvular heart disease, etc. The contributory Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

lot l		1PLACE OF DEATH
Exact		County Harford
6. P		
classified.	Vil	lage or City Mill Green (No
m >÷		2FULL NAME alice Ru
stated E properly of certific		PERSONAL AND STATISTICAL PARTICULARS
id be st ay be pr ack of	3 5	Emale Mut Single, MARDIED, MARDIED
shou it ma	6 1	DATE OF BIRTH
ACE s that i		(Months (Day)
o th	7 1	AGE [If LE
piled. I		72 yrs. 4 mos. 6 ds. or
supplied. In terms so See instruc	8 0	OCCUPATION //
ully support plain ter nt. See i	/p	a) Trade, profession or Austroack
<b>*</b>	b	b) General nature of industry usiness, or establishment in which employed or (employer)
be care EATH in importa	9 F	(State or country) md
5 Q B		10 NAME OF ROMAN TRuttedg
Shoul E OF	S	11 BIRTHPLACE OF FATHER
950	FNT	(State or country) Mo
AT C	PAR	OF MOTHER Cynthia Richard
Informati state CA CCUPATI		13 BIRTHPLACE OF MOTHER MA
- po	-	(State or Country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
-00	14	0. 0 . 1 . 1
3 02		1 4 had port
CIAN	-	(Address)

G	-	()	1
U	U	4	J

(101-n)

(Year)

If more blanks are needed, address tate Registrar, 16 W. Saratoga St., Balto. Requesting V. S. No. 1.

[If LESS tha I day h

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

ı	olge St.: Ward)	(If death occurred in a hospital or Institu- tion, give its NAME is- stead of street and number.)
	MEDICAL CERTIFICATE O	F DEATH
	18 DATE OF DEATH Jan 6	, 1935
=	(Month)	
77	Bas 10 199 10 for	
1	that I last saw half alive on Jan	
an	and that death occurred on the date stated a	bove, at 3 9 m.
.s.	The CAUSE OF BEATH * was prollows:	-
	gova or an	
		• 888 • 688 688 689 0 <sub>94</sub> 8 <del>9</del> 8 8 8 8 × · · · · · · · · · · · · · · ·
***	(Duration)	yrads.
-	Contributory Secondary	**************************************
	(Duration)	.yrsds.
	(Signed) Topalle 1 Total	77 M. D.
-	for 6 1930 (Address) 10	2 13 chig
-	*State the Discase Causing Death, Violent Causes, state (1) Means of Inju Accidental, Suicidal or Homicidal.	or, in deaths from and (2) Whether
-	18 LENGTH OF RESIDENCE (For Hospite ients or Recent Residents)	ls, Institutions, Trans-
	At place of death yrs mos. ds.	yrsmosds,
-	Where was disease contracted, if not at place of dea.h?	
1	Former or usual residence	9 e 9 · 7 · e 9 · e 9 7 · e 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
·	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	20 PINDERTAKER	ADDRESS

8. No. 1

Filed

(Approved by U. S. Census and American Public Health Association.)

Housemaid, etc. If the occupation has been changed whatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestie service for wages, as Screant, Cook work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an tired 6 yrs). business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, the first line will be sufficient, e. g., Furmer or Planter, fulness of various pursuits ean be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Foreman, For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material single word or term on (3) Grocery;

Strtement of Cause of Death—Name, first, the Diseal Cause of Death—Name, first, the Diseal Cause of Death—Name, first, the Diseal Cause of Chern and Causation), using always the same accented term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

("Iclanus) may be stated under the head of "contributory." approved by Committee on American Medical Association.) "Inanition," "Marasums,
"Uraemia," "Weakness," etc., when a definite disease Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from ehildbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E::haustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Careinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State eause for which surgical operation was undercan be ascertained as the cause. Always quality all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Aecidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS State MEANS OF INJULY "Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condiinterstitial nephritis, or intercurrent) affection need not be Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature of the " "Convulsions, " ete.

If this certificate is looked over thoroughly and all qu stions causwered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. NEY, WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR B WRITE

PLACE OF DEATH  County Varford  WITHIN CORPOBATE L	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 185
Village och avrede Brace (No.	St.: Ward)  St.: Ward)  A hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH 777 27, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH  (Month)  (Day)  (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 26 1920 to 27, 1970, that I last saw harming on 767, 27, 19730
7 AGE 6 2 yrs. 5 mos. 1 lf LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
a OCCUPATION (a) Trade, profession or Pature d particular kind of work	(leute Celtoholion)
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory (Duration) yrs, mos 7 ds.  Contributory Secondary (Duration) yrs, mos / ds.
10 NAME OF FATHER John C. Salis	(Signed) 1930 (Address) House 50 ha
OF FATHER  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER. Ann Salls	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country).	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.	if not at place of death?  Former or usual residence.
(Address have de Grace Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Thr 36, 193
15 Filed Mov. 29 1900 Chas. J. Faley Rectatrary	20 YNDERTAKER ALEON Mithelf N. do. B.
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1:

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill, (o) Salesman. (b) Groccry, (a) Foremun, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, Housemoid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed as At school, or At home. Cure should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Form laborer, Laborer—Coal mine, etc. woun-en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octo report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a especially in industrial employments, it is neces-For many occupations a single word or term on Form laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Stotionary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approyed by Committee on delanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaconiu," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," ('Inanition," "Marasmus," "Old Age," "Shock," inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid Recommendations on statement of cause of or as probably such, if impossible to determine definitely State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephrilis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. Then ture of the injury accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY (secondar, "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be ss important. Example: *Measles* (disease etc. The contributory Nomenclature of the

If this eretificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVER

3 SEX

7 AGE

ARENTS

6 DATE OF BIRTH

8 OCCUPATION

9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE

(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in

OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country

(Informant)

Address)

which employed or (employer)

0.	K	0	9
V	2.7	~	-

#### PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County

Registration Dist. No.

Village or City Sherder No. My	9
2 FULL NAME Basil P. Samer	J
PERSONAL AND STATISTICAL PARTICULARS	

5 SINGLE. MARRIED, WIDOWED. OR DIVORCED (Write the word)

(Day)

4 COLOR OR RACE

(Month)

(If death occurred in a hospital or institu-St.: Ward)

ADDRESS

M	erl	stead of number.)	street and
RS	MEDICAL CERTIFICATE O	F DEATH	
ried	16 DATE OF DEATH	6.,	1930
	(Month)  17 I HEREBY CERTIFY, That Latter  facily 1950 to face	nded the de	ceased from
1.843 (Year)	that I last daw h circalive on	<b>V</b>	, 192,
LESS than dayhrs. min.?	and that death occurred on the date stated a The CAUSE OF DEATH * was as follows:	above, at	<i> 17 (1_</i> m,
ed-	Cerebial Heman	begl	<b>-</b>
4	Contributory Secondary  A (Duration)		os. 5 ds.
ner	(Signed) Culty Jacy 7 1930 (Address) Oly	lut	ewhile
id.	*State the Disease Csusing Death, Violent Causes, state (1) Means of Inju Accidental, Suicidal or Homicidal.	or, in dea ury and (2)	ths from Whether
eco!	18 LENGTH OF RESIDENCE (For Hospitalients or Recent Residents)	als, Institut	lons, Trans-
8	At place of deathyrsmosds. In the State.  Where was disease contracted,	y/s	.mosds.
GE /	if not at place of death? Former or usual residence		00 0 1 0 1 1 1 1 1 0 0 1 1 1 1 1 1 1 1
nd	19-PLACE OF BURIAL OR REMOVAL	Jan.	BURIAL 19-3.0

20 UNDERTAKER

Registrar

If more branks are needed, address State Registrar, 16 W/ Saratoga St., Baltol, Requesting V. S. No. 1.

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate. m

S. No. 1

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from laborer, Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositar, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Hausemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Caok, to report specifically the occupations of persons enployed. as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Hausekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, or At Hame, and children, not gainfully em-For many occupations a single word or term on yrs). Farm labarer, Laborer-(b) Catton mill; (a) Salesmon. (b) without more precise specification as Day For persons who have no occupation 6 Automobile factory. The material -Cool minc, etc. Grocery, Wom-

Statement of Cause of Death—Name, first, the Distance CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinul meningitis"); Diphtheria (avoid use of "Croup"); spinal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia,"); Labar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinama, Sarcoma, etc., of stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The n:ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as prabably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Branchopneumonia (secondary), unqualified, is indefinite); Tuberculasis af lungs, menapproved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Exhaustion, "Debility" ("Congenital," (secondary or intercurrent) Chranie interstitial nephritis, American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi cough; 'Congenital,' "Senile,' etc.), "Dropsy,
" "Heart failure," "Haemorrhage, Chronic affection need not be etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is, essential and must be obtained before the certificate is permanently filed

N. B.-Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD ANENT INLY, WITH UNFADING INK--THIS IS A MARGIN RESERVED FOR WRITE S No. 1

	PLACE OF DEATH	09342 STATE OF MARYLAND
	County Harland	CERTIFICATE OF DEATH
	Conney	104
	10 to 10.	
	Village or City (No	St.: Ward) a (If death occurred in a hospital or institu-
	20	tion, give its NAME in a stead of street and
	2FULL NAME	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
	OR DIVORCED MAN	My 7 13-8
3	May (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended the deceased from
	6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
	1200 mbH 13., 152)	Gell by the
	(Month) (Day) (Year)	that Mast saw have alive on the same of th
	7 AGE IILESS than	and that death occurred on the date stated above, at
	yrs. mos. ds. or min.?	Terebral Laconnalisario
6	# OCCUPATION	
	(a) I rade, profession or particular kind of work	
-	(b) General nature of industry	
1	business, or establishment in which employed or (employer)	(Duration)yrsmos5ds.
5	9 BIRTHPLACE	Contributory
2	(State or country)	Secondary Quration yrs mos de.
	10 NAME OF	(Signed) Phase (Letisanown, D.
	FATHER Some Scarborough	That World
2	OF FATHER	1935. (Address) Doth or In deaths from
	Z (State or country)	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	12 MAIDEN NAME 1 DV / b/ Off	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	a fund to war	ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER	At place in the of deathyrsmosds. Stateyrsmosds.
3	(State or Country)	1977 3' contracted
5	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
	(Informant) Nollie Scarborough	usual residence
	(informant)	19 PLACE OF BURNAL OR REMOVAL DATE OF BURNAL
3	(Address) Street Ma	ming benedery Mod Ciny 2, 1930
5	15 Filed Corn. 18 19230 14 & Syc Mabb	20 UNOURTAKER ADDITESS
	Registral	18 18 Sept four Shore Oa
	If more b.anks are needed, addre.s : tate Kegistrar	, 16 W. Saratoga St., Balts., i.equesting V. S. I.o. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). work, or At Home, and children, not gainfully emshould be used only when needed. fulness of various pursuits can be known. The queseupation is very important, so that the relative healthwhatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective cf Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as For persons who have no oecupation (b) Automobile factory. The material As examples: (a) (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same diselse. Examples: Cerebrospinul fever (the only definite synonym is "Epidemia cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typheid Pneumonia"); Lobar pneumonia, Bronchopacumonia ("Pneumonia,")

> approved by Committee on Nomenclature telanus) may be stated under the head of "eontributory." "E.haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, st\_ted unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-(secondary or intercurrent) affection need not be st-ted unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJULY resulting from childbirth or miscarriage as (name origin; "Cancer" is less definite; avoid Chronicetc. The contributory valvular heart disease; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important, See instructions on back of certificate. CORD ANENT PUNDING WITH UNFADING INK--THIS IS A MARGIN RESERVED FOR WRITE

V. S. No. 1

PLACE OF DEATH	13864 STATE OF MARYLAND
County Harford	CERTIFICATE OF DEATH
	Registration Dist. No. 190
Village or City Jappa (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME is stead of street and number.)
2FULL NAME JOHN DCHULLIN	III III III III III III III III III II
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, Married WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH / 27 , 1923 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h alive on Nr 26, 1923
7 AGE   If LESS than	and that death occurred on the date stated above, at 3 4, m.
I dayhrs.	The CAUSE OF DEATH * was as follows:
6 / yrs. 5 mos. 9 ds. or min.?	DJ 5 7 9 5
(a) Trade, profession or Laborer	June Mystudes
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)ds
9 BIRTHPLACE	Contributory Secondary
(State or country) Maryland	(Dyration) Jyrs
FATHER Michael Schlereth	(Signed). M. D. M.
OF FATHER	1920) (Address) Double or in deaths from
C (State or country)  W 12 MAIDEN NAME	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Cluna Whit was	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place in the
(State or Country) Termany	Where were disease contracted
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Hary L. Schlereth	usual residence
(Address) Joppa, Md.	St Steplens Country Nov 29, 1930
15 El Tropped 2010/2 o Fred Morlok	20 UNDERTAKER ADDRESS
Filed My 19130 All Web Registrar	Howard Melonica Aboung don
	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neceswork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more previous and mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an Civil engineer, tion applies to each and every person, irrespective of tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write None. Foreman, (b) Automobile factory. The material For many occupations a single word or term on Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia").

American Medical Association.) approved by Committee on diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exbaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-Whooping cough; (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Range	10489 STATE OF MARYLAND CERTIFICATE OF DEATH
of a	(188-a Registration Dist. No. 1991
Village or City Oberdelle (No	St.: Ward)  St.: Ward)  (If death occurred In a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCES (Write the word)	16 DATE OF DEATH Sept 3 , 1980
6 DATE OF BIRTH  April /5 , 1900  (Month) (Day) (Year)	
7 AGE  30 yrs. 4 mos. 18 ds. lf LESS that I day hr or min	and shat death occurred on the date stated above, at
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Shell & legs - Decelerate of Breed of March 18 (1984) Compared to Breed (1984) Contraction of the Contractio
9 BIRTHPLACE (State or country) Balls Mis  10 NAME OF FATHER GLO . E. Scalt	Contributory Secondary  (Duterion)  (Signed)
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
(Informant) Dus Milde R. Sauto	if not at place of death?  Former or usual residence
(Address) 576 E. 415 St.  15 Filed Sept 4 19230 Of Michael Registrar	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  STATE OF BURIAL  ADDRESS  ADDRESS  72.371 Offant
	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(over)

ż

V. S. No. 1

WRITE



(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neceswhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planler, sician, Compositor, Architect, Locomotive engineer, or At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid "Exhaustion," "Heart failure, Haemorrhage, "Shock," "Shock," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death approved by Compattee on Nominclature of the American Medical Association.) letanus) may be stated under the need of "contributory." as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Chronic and consequences (e. g., sepsis, etc. The contributory affection need valvular heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will present further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



If more blanks are needed, address State Registrar, 16 W. Saratoga St., Berlo., Requesting V. S. No. 1.

S. No. 1

(Approved by U. S. Census and American Public Health Association.)

Spinner, tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a tion applies to each and every person, irrespective of Foreman, or At Home, and children, not gainfully em-For many occupations a Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Doy For persons who have no occupation (b) Automobile factory. The material single word or term on (d) Grocery;

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. stated unless important. use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." earbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railwoy troin taken. FOR VIOLENT DEATHS state MEANS OF INJURY (secondar, or intercurrent) affection need not be Recommendations on statement of cause of "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; by Committee on Nomenclature Chronic Example: Measles (disease valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No. 1

>

N. B.

lilla	2FULL NAME Vo vane.	•
_	PERSONAL AND STATISTICAL PARTICULARS	
S	4 COLOR OR RACE 5 SINGLE,	16
u		
B D	July 14, 1930  (Month) (Day) (Year)	tha
- A	- V	and
	l day hrs.	The
	vrs. mos. ds. or O min.?	
	CCUPATION	Š
(8		
pa (b	CCUPATION ) Trade, profession or articular kind of work ) General nature of industry	
pa (b	CCUPATION ) Trade, profession or articular kind of work	
(a pa (b bi	CCUPATION ) Trade, profession or articular kind of work ) General nature of industry usiness, or establishment in	
(a pa (b bi	CCUPATION ) Trade, profession or tricular kind of work ) General nature of industry isiness, or establishment in hich employed or (employer)  IRTHPLACE (State or country alduin	Can
(a) (b) bi	OCCUPATION  ) Trade, profession or articular kind of work  ) General nature of industry isiness, or establishment in hich employed or (employer)  IRTHPLACE (State or country alduino)  10 NAME OF FATHER Hary H. Shaffer  11 BIRTHPLACE	Carr
(a) (b) bi	CCUPATION ) Trade, profession or recticular kind of work ) General nature of industry isiness, or establishment in hich employed or (employer)  IRTHPLACE (State or country alduio	(an
ARENTS we do	CCUPATION ) Trade, profession or articular kind of work ) General nature of industry isiness, or establishment in hich employed or (employer)  IRTHPLACE (State or country alduio  10 NAME OF FATHER Hary H. Shaffer  11 BIRTHPLACE OF FATHER (State or country)	18
ARENTS we do	OCCUPATION  ) Trade, profession or articular kind of work  ) General nature of industry usiness, or establishment in hich employed or (employer)  IRTHPLACE (State or country alchio  10 NAME OF FATHER COUNTRY ALCHIO  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  OF TATHER  (State or country)	18 A: of
PARENTS w qq	IT rade, profession or conticular kind of work.  General nature of industry isiness, or establishment in hich employed or (employer).  IRTHPLACE (State or country alchio)  10 NAME OF FATHER COFFATHER (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER COFFATHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 BIRTHPLACE OF MOTHER (State or country)  15 BIRTHPLACE OF MOTHER (State or country)  16 BIRTHPLACE OF MOTHER (State or country)	A: of of whif if
PARENTS w qq	OCCUPATION  ) Trade, profession or profession or profession or carticular kind of work  ) General nature of industry siness, or establishment in hich employed or (employer)  IRTHPLACE (Ntate or country alchio)  10 NAME OF FATHER  OF FATHER  (State or country)  12 MAIDEN NAME  OF MOTHER  OF MOTHER  (State or country)  13 BIRTHPLACE  OF MOTHER  (State or country)	18 At of o

03692 STATE OF MARYLAND

CERTIFICATE OF DEATH
Registration Dist. No. / 6

St.: Ward) Skaffer	(If death occurred in a hospital or institu- tion, give Its NAME in- stead of street and number.)
MEDICAL CERTIFICATE O	F DEATH
16 DATE OF DEATH	14 , 1930 -(Day) (Year)
17 LI HEREBY CERTIFY, That Jates 1936 to Jul that Handard handle on	the deceased from
and that death occured on the date stated	above, av m.
3 Mas - Truck	<del>u</del>
Still burn	
(Duration)	yrs mos de.
Contributory Secondary	-
(Duration)	Anos de.
(Staned) 14 193 WAddress) al	mg D.
Violent Caus s, state (1) Means of In Accidental, Suicidal or Homicidal.	or, in deaths from jury and (2) whether
18 LENGTH OF RESIDENCE (For Hospit	als, Institutions, Trans-
At place In the	yrsds.
Where was disease contracted, if not at place of death?	
Former or usual residence	
In gorden at home	July 1, 1930
20 UNDERTAKER	Adding wit

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The question applies to each and every person, irrespective of cupation is very important, so that the relative health. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g.. Farmer or Planter, Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from guged in domestic service for wages, as Servant, Cook ployed, as At school; or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Forcman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enwhatever, write None. Housemuid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Furm laborer, Laborer-Coul mine, etc. Wom-(b) Cotton mill; (a) Salesman. For persons who have no occupation (b) Automobile factory. The Locomotive engineer, (b) material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage "PUERPERAL septionemia," "PUERPERAL peritonitis," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of accident; Revolver wound of head-homicide; Poisoned by " Uraemia, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Ilaemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) Examples: Accidental drowning; Struck by railway train-.. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. valvular heart disease; Nomenclature of the The contributory Measles ; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF BEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. NENT ALY, WITH UNFADING INK-THIS IS A PER WRITE

MARGIN RESERVED FOR

V. S. No. 1

PLACE OF DEATH County Herbord	01742 STATE OF MARYLAND CERTIFICATE OF DEATH
mean on	Registration Dist. No. 18
Village or City Bellie (No.  2FULL NAME Howard S.	St.: Ward) (If death occurred In a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED.  Male White Widowed.  Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE  [If LESS than I day hrs. or min.]	. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry	well 2st al all suttle
business, or establishment in which employed or (employer) 4. S Marty.  BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER Unknown	(Signed) Chus Asellandan M.D.
OF FATHER Z (State or country) Mukeurun 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place In the State yrs
(Informant) Shef. Deary Bownson	if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Bellin Mcs  15 Filed Feb 17 1980/1. E. Richardson Registral	Washington D.C. Jehr 18, 19.3.0 20 UNDERTAKER ADDRESS Mad
	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Former or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, tion applies to each and every person, irrespective of report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many (b) Automobile foctory. The material Locomotive engineer, Grocery.

Statement of Cause of Death—Name, first, the DISEAR CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal force (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. inges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic volvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. (For violent deaths state means of injuly State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railwoy train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condietc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is exsential and must be obtained before the certificate is permanently filed.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, laborer, Farm laborer, Laborerwhatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Furmer (ce-Housemaid, etc. If the occupation has been changed gaged in domestie service for wages, as Screant, Cook to report specifically the occupations of persons enployed, as At \*chool or At home. Care should be taken definite salary), may be entered as Housewife, Househonsehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an worked on may form part of the second statement. (a) Poreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician. Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, Civil engineer, Stationary firemen, etc. But in many tion applies to each and every person, irrespective of fulness of various parsnits can be known. The quescupation is very important, so that the relative health-Statement of Occupation Precise statement of ocetc., without more precise specification as Day or At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation -Coal mine, etc. Wom-As examples: (a)

spinal meningitis"); Diphtheria (avoid use of "Cronp"); to time and causation), using always the same accept-EASE CAUSING BEATH (the primary affection with respect) Typhoid fever (never report "Typhoid pneumonia"); ed term for the same disease. Examples: Cerebrospindle Staccment of Cause of Death-Name, first, the bis-(the only definite synonym is "Epidemic cerebro pneumonia, Bronchopneumonia ("Pneumania."

> 11 month nead of "contributory." inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of here homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or "Uraemia," "Weakness." etc., when a definite disease rhage," "Inaultion." "Murasmus," "Old Age." "Shock," "Dropey," "Dalaustion," "Heart failure." symptomatic), "Atrophy," "Collupse, stated nules important. Example: Meanles Poisoned by carbolic acid-probably suicide. taken. For VIOLENT DEATHS state MEANS OF INJURY State canse for which surgical operation was under-"PUERPERAL septicuemia." "PUERPERAL p ritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all conditions, ary), 10 ds. Never report more symptome or terminal eausing death). 29 ds.; Bronchorneumonia use of "Tumor" for malignant neoplasms); ...... (name origin; "Cancer" is less definite; avoid inqualified, is indefinite); Tuberculosis of lungs, men Nomenfelature of the American Medical 1 - seistion.) vulsions," (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; of eause of death approved by Committee (e. g., sepsis, tetanus) may be stated under the such as "Asthenia," "Debility" ("Congenital," "Senile." etc.) Chronic valvular k art (R commendations on state-"Haemor Mousles; discuse; (merely (second-(discase

If this certificate is looked over thoroughly and all ques-'ill the data is essential and must be obtained before nswered in detail, it will prevent further orrespond-

rtificate is permanently filed.

of HYSICIANS statement of properly clas stated certificate should 99 Of may ш back U d +1 that uo ed suppli 30 0 term fully UNFADIN Care -0 00 WITH 2 C P 2 20 d in ini 0 0 of Informati 9 y Item of In should socoup

M

Z

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. in abordeur [ If death occurred to .Ward) a hospital or institution, give its NAME instead nound of street and number. <sup>2</sup> FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS SINGLE 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED, (Month) (Day) OR DIVORCED Write the word I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH ...... 191... alive on (Year) (Month) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH \* was as follows: min. ? OCCUPATION (a) Trade, profession, or particular kind of work (b) General natore of industry business, or establishment in (Ouration) which employed (or employer) Contributory Secondary (State or country) 10 NAME OF (Signed) FATHER W 11 BIRTHPLACE ENT \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY: and (2) Thether ACCIDENTAL. OF FATHER (State or country) SUICIDAL OF HOMICIDAL. 12 MAIDEN NAME Œ TENTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, OR RECENT RESIDENTS 13 BIRTHPLACE In the At plece OF MOTHER Stete. of death ..... yta. (State or country) Where was disease contracted. if not at place of death? Former or usual residence DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL (Address 20 UNDERT ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

see note has p. Callohan re. garden goln.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

only when needed. As examples: (a) Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery; (a) Foreman, (b) Auto-"Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. cian, Compositor, Architect, Locamotive first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulor given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. especially in industrial employments, it is necessary to business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed mobile factory. For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupato report specifically the occupations of persons For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in Never return But in many cases, engineer, "Laborer,"

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhad fever (never report "Typhoid pneumonia,") Lobar pneumonia, Bronchopneumonia of lungs, meningualified, is indefinite); Tuberculosis of lungs, meningualified.

under the head of "Contributory." (Recommendations genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" chopneumonia (secondary), 10 ds. cough; Chronic vatvular heart disease; Chronic interstitial and consequences (e. g., sepsis, telanus) may be stated state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deates "PUERPERAL peritonitis," ctc. birth or miscarriage as "Puerperal septichaemia," etc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. "Thinor" for malignant neoplasms); Measles; Whooping on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning: SUICIDAL, or HOMICIDAL, or as probably such, if impossible Always qualify all diseases resulting from childby railway train-accident; Revolver wound The contributory (secondary or intercur-State cause for which "Atrophy," Never report mere ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ence. All the the certificate

PLACE OF DEATH  County Harford WITHIN COMPORATE AMITE	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 185
2FULL NAME John T Skinner	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Black SINGLE, MARRIED, Midowel WIDOWED, OR DIVORCED (Write the word)  Male Lack (Write the word)  (Month) (Day) (Year)	(Mopth) (Day) (Year)  (Mopth) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from 1930, to 144, 20, 1930, that I last saw h water on 1930,
alt. 63 yrs. — mos. — ds. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  Maryland  10 NAME OF FATHER (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Duration)  (Duration)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Ad
(Informant) Henry Homes  (Address) House do now md	Former or usual residence.  19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL  Rinners Cemetry May 23, 19.30
Filed May 2/ 1806 has & Jaley Man.	Cennington Fon Hancolmace  16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—Coal nune, etc. won-en at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Colton mill; (a) Salesman. without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material (b) Grocery,

Statement of Cause of Death—Name, first, the DESE CAUSING DEATH (the primary affection with respect to time and causation), using always the same adoepted teem for the same disease. Examples: Cerebro-pinal fever (the only definite synonym is "Epidemic cerebro-spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature of the "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uruemia," "Weakness," etc., when a definite disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicucmia," "(PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. Then ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar) or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on Examples: Accidental drowning; Struck by railway train "Atrophy." "Collapse," "Coma," Never report mere symptoms or terminal condifor malignant neoplasms); Measles; C'hronic valvular heart discase; statement of cause of Example: Measles (disease etc. The ," "Convulsions, eontributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	10430 STATE OF MARYLAND
County Harbord	CERTIFICATE OF DEATH
	(9-3) Registration Dist. No. 195
Village or City Bef Cir RNot & #/	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in stead of street and number.)
FULL NAME CONTRACTOR STATEMENT	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Color or RACE SINGLE. MARRIED. Married WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH System 25, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1920 to 1920 that I last saw h alive on 1920, 1920
7 AGE IIILESS than	
1 day, hrs. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Hypertensien
(b) General nature of industry husiness, or establishment in which employed or (employer)	(Duration) mos de
9 BIRTHPLACE (State or country) Was a fee	Contributory Secondary (Duration) yrs inos 4 ds.
10 NAME OF SENTE W. Crysler	(Signed) Courses Folia M. D. Auf 27,930 (Address) Amure Cu Drawn
OF FATHER (State or country)  Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
a rencea striper	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Manuland	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Mrs. Alstin C. Onsha	usual residence
(Address) Bel air R. Frag. # /	asbury Cernitery Syst. 28, 1930
15 File Sept 27 1930 Clarence Registrar	Genry Jaming Hors Wherden med
If more branks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Hequesting V. S. No. 1.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the -Coal mine, etc. (b) Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup" ed tern for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the DIS EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid Pneumonia") (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> stated unless important. Example: Measles (disease "Uraemia," "Weakness," etc., whon a definite disease causing death), 29 ds.; Bronehopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainapproved "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJURY by Committee on Chronic valvular heart disease; nephrilis, etc. The contributory Nomenclature of the Always qualify all

permanently filed answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate H this certificate is looked over thoroughly and al questions

Male  White  Whowed or Divorced (Write the word)  Jan. 19 (Month) (Day) (Year)  AGE  Jan. 19 (Year)  AGE  If LESS that I dayhr  Occupation  (a) Trade, profession or particular kind of work Sign Painter  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  Harford Co  BIRTHPLACE (State or country)  Harford Co  James T. Smithson  11 BIRTHPLACE (State or country)  Harford Co Md.  James T. Smithson  12 MAIDEN NAME OF MOTHER Orpha Ann Glenn  13 BIRTHPLACE
PERSONAL AND STATISTICAL PARTICULARS  3 SEX
Male  White  White  Jan. 19 Married  OR DIVORCED (Write the word)  Jan. 19 Married  (Month) (Day) (Year)  If LESS that I dayhr  Jane 10 Married  OCCUPATION  (a) Trade, profession or particular kind of work  Sign Painter  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  Harford Co  Harford Co  Harford Co  Harford Co  Male  White Windows Married  Windows
OCCUPATION (a) Trade, profession or particular kind of work.  (b) General nature of industry business, or establishment in which employed or (employer).  BIRTHPLACE (State or country)  Harford Co  Lames T. Smithson  12 MAIDEN NAME OF MOTHER Orpha Ann Glenn  13 BIRTHPLACE OF MOTHER Orpha Ann Glenn  15 BIRTHPLACE Orpha Ann Glenn
Jan. 19 (Write the word)  Jan. 19 (Month) (Day) (Year)  AGE  Jan. 10 (Month) (Day) (Year)  AGE  Jomos. 10 ds. or min.  OCCUPATION (a) Trade, profession or particular kind of work. Sign Painter (b) General nature of industry business, or establishment in which employed or (employer).  BIRTHPLACE (State or country)  Harford Co  BIRTHPLACE (State or country) Harford Co. Md.  James T. Smithson  10 NAME OF FATHER (State or country) Harford Co. Md.  James T. Smithson  12 MAIDEN NAME OF MOTHER Orpha Ann Glenn  13 EIRTHPLACE
Jan. 19 , 1.880  (Month) (Day) (Year)  If LESS that dayhr  51
(Month) (Day) (Year)  AGE  If LESS tha I dayhr  Soccupation (a) Trade, profession or particular kind of work.  (b) General nature of industry business, or establishment in which employed or (employer).  BIRTHPLACE (State or country)  Harford Co  NAME OF FATHER (State or country) Harford Co. Md.  12 MAIDEN NAME OF MOTHER Orpha Ann Glenn  13 BIRTHPLACE
(Month) (Day) (Year)  AGE    If LESS that   dayhr
51
OCCUPATION  (a) Trade, profession or particular kind of work.  (b) General nature of industry business, or establishment in which employed or (employer).  BIRTHPLACE  (State or country)  Harford Co  Harford Co  It BIRTHPLACE  (State or country)  Harford Co  Kate or country)  Harford Co  Wall  MAIDEN NAME  OF MOTHER  Orpha Ann Glenn  IS BIRTHPLACE
(a) Trade, profession or particular kind of work. Sign Painter  (b) General nature of industry business, or establishment in which employed or (employer).  BIRTHPLACE (State or country)  Harford Co  Harford Co  Lames T. Smithson  Harthplace (State or country)  Harford Co  Lames T. Smithson  Harthplace (State or country)  Marford Co  Lames T. Smithson  Harthplace OF FATHER (State or country)  Marford Co  Lames T. Smithson  OF MOTHER Orpha Ann Glenn  IS BIRTHPLACE
(a) Trade, profession or particular kind of work. Sign Painter  (b) General nature of industry business, or establishment in which employed or (employer).  BIRTHPLACE (State or country)  Harford Co  Harford Co  Lames T. Smithson  Harford Co  Katle or country)  Marford Co  Lames T. Smithson  Harford Co  Md.  2 MAIDEN NAME  OF MOTHER Orpha Ann Glenn  18 BIRTHPLACE
Harford Co  NAME OF SATHER  James T. Smithson  Height Harford Co. Md.  Martiner Country Harford Co. Md.  Martiner Country Orpha Ann Glenn  Berther Country Orpha Ann Glenn
James T. Smithson  In Birthplace Of Father (State or country)  W Alden Name OF MOTHER Orpha Ann Glenn  Is Birthplace
James T. Smithson  11 BIRTHPLACE OF FATHER (State or country) Harford Co. Md.  12 MAIDEN NAME OF MOTHER Orpha Ann Glenn  13 BIRTHPLACE
18 BIRTHPLACE
18 BIRTHPLACE
AND THE AND THE PARTY.
(State or country) Harford C. Md.
The second secon
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
AND THE COURT OF TAXABLE
(State or country) Harford C. Md.

#### 13865 STATE OF MARYLAND CERTIFICATE OF DEATH

...... Ward)

45

Registration Dist. No. 103

aumber.)

(If death occurred in a hospital or institu-

ion, give its NAME in-

MEDICAL CERTIFICATE	OF DEATH
(Month)	(Day), 19 <b>56</b> (Year)
17 I HEREBY CERTIFY, That I at	
Aug 3 1986 to Ko	1.2.6
that I last saw h an alive on Nov	26
and that death occurred on the date state	d above, at 9 Am.
The CAUSE OF DEATH & was as follows:	
Sacoma of Intert	•
0	
(Duration)	yrs. 4mosde.
Contributory	
Secondary (Duration)	yrs
(Simed) HitiBradley	M. D.
Nov 30 19230. (Address) Lan	nettwelle Md
*State the Disease Causing Death Violent Causes, state (1) Means of In- Accidental, Suicidal or Homicidal.	i, or, in deaths from jury: and (2) whether
18 LENGTH OF RESIDENCE (For Haspients, or Recent Residents)	pitals, Institutions, Trans-
1 .1	e
Of General 1111 July	te,yrsmosda.
Where was disease contracted,	te,yrsmos
Former or	te, yes. mosda.
if not at place of death?	DATE OF BURIAL
Former or usual residence	DATE OF BURIAL
Former or usual residence	DATE OF BURIAL
Former or usual residence	DATE OF BURIAL

Registrar

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning. The business, that fact may be indicated thus: Farmer treat 6 yrs.). For persons who have no occupation or given up on account of the bisease causing beath, Housemuid, etc. If the occupation has been changed gaged in domestie service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobite factory. The material household only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation -- Precise statement of oc For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day who are engaged in the duties of the

Statement of Cause of Death—Name, first, the his EASE CAUSING DEATH (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"). Typhoid fever (never report "Typhoid pneumonia"). Lobar pneumonia, Bronchopneumonia ("Pneumonia.").

tions answered in detail, it will prevent further correspond-

e. All the data is essential and must be obtained before certificate is permanently filed.

Non-penelature of the American Medical Association.) If this certificate is looked over thoroughly and all queshead of "contributory." quenees (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and couse Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or Poisoned by curbolic aciá-probably suicide. The na-State eause "Puerperal septicaemia," "Puerperal peritonitis," etc. diseases resulting from childbirth or misearriage as ean be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inauition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatie), "Atrophy," "Collapse," "Coma," "Coneouditions, such as "Asthenia," "Anaemia" ary), 10 ds. stated nuless important. nse of "Tunuor" for malignant neoplasms); Measles; causing death), 29 ds.; Bronchopnoumonia Chronic interstitial nephritis, etc. ......(name origin; "Cancer" is less definite; avoid myes, peritonaenm, etc., unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; of cause of death approved by Committee on -aecident: Revolver wound of head-homicide; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), for which surgical operation was under-Never report mere symptoms or terminal Chronic valvular heart disease; Carcinoma, Sarcoma, etc., of (Recommendations on state-Example: Meastes The eoutributory (merely (seeond-(disease

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ward) (If death occurred in a hospital er institution, give Its NAME instead of street and 2FULL NAME number.) prond PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. 3 SEX 16 DATE OF DEATH MARRIED. may be WIDOWED. OR DIVORCED Write the word) That Lattended the deceased from DATE OF BIRTH instructions at (Month) (Day) (Year) and that death occured on the date stated above, at 7 AGE fifLESS than I day hrs The CAUSE OF DEATH \* was as follows: term 1 de Rusius. B OCCUPATION (a) Trade, profession or particular kind of work a (b) General nature of industry Q business, or establishment in (Duration) which employed or (employer) Contributory U. 9 BIRTHPLACE Secondary (State or country) (Duration) ..... pino 10 NAME OF 0 FATHER 0 (1) 11 BIRTHPLACE S III 3 OF FATHER FNH \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether OZ CAU (State or country Accidental, Suicidal or Homicidal. R 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-PA OF MOTHER occup/ ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER ... yrs.......ds. State.....yrs.....mos.... Where was disease contracted, if not at place of death?.. Every item CIANS sho statement usual residence 19 PLACE OF BURIAL OR REMOVAL If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. A

Ш

ESERV

MARGIN

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, worked on may form part of the second statement. Never return 'Laborer,'" Foreman," "Manager." "Deal-Spinner, (b) Collon mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemoid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Howevije, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer. cases, especially in industrial employments, it is neces-Civil engineer, Stationary Jireman, etc. cupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Doy For persons who have no occupation (b) Automobile Salesman. (b) factory. The material Locomolive engineer But in many (in overy;

Statement of Cause of Death—Name, first, the DIS-FASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syncnym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "uphoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia")

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Measles (disease . . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Careinoma, Sarconu, etc. of approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Aecidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (secondary or intercurrent) affection need not be Whooping Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condiinterstitial nephritis, eough; Chronic etc. valvular heart The contributory " Shock," discuse

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the cartificate is permanently filed.

S. No. 1

PLACE OF DEATH	15079 STATE OF MARYLAND
County Harford Co	CERTIFICATE OF DEATH
WITHIN CORPOBAT	Registration Dist. No. 185
Village or City House gran (No. House)  2FULL NAME John Sterry	Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH See. 25-4, 1980 /2 (Month) 25 (Day) (Year) 1930
6 DATE OF BIRTH  CRU- 5 , 1896  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Sec. 22 1920. to 25 1920; that I last saw har alive on Sec. 24 1920.
7 AGE  34 yrs. // mos. ds.   If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at 6 a.m.  The CAUSE OF DEATH * was as follows:
a occupation (a) Trade, profession or particular kind of work	Distrites Melelis
(b) General nature of industry business, or establishment in	(D:-)
which employed or (employer)	(Duration)yrsmosds,
State or country)  Navel Conclusion	Contributory Secondary  (Durgion) yrs
10 NAME OF Marshall Spenme	(Signed) 4-79 allerie M. D. 12-25 1980 (Address) Harn D. 72-25
OF FATHER  (State or country)  Watch Cawline	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Roasi Steamen.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Morek Guralia.	At place of deathyrsmos,ds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Min Pa Ellioth	Former or usual residence
(Address) 1725 - ashlana ava	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Out 26 1930
Filed Pla 25 190 Class & Foly Q. B. Registrar	20 UNDERTAKER  Mus Ra Elliott Balto ma
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (relaborer, state occupation at beginning of illness. If retired from cupation is very important, so that the relative healthdefinite salary), may be entered as Hausewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, Hausenwid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, ar At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Physicium, Campasilor, Architect, borer, Farm laborer, Laborer—Coal mine, etc. Wom-Foreman, or At Hame, and children, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cattan mill; (a) Salesman, (b) Grocery; man, (b) Automabile factory. The material For persons who have no occupation Locamotive engineer, not gainfully em-

Statement of Cause of Death—Name, first, the Drs.

EAGLE ("USING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspinal fewer (the only definite synonym is "Epidemic cerebraspinal meningitis"); Diphtheria (avoid use of "Croup"); Typhaid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilanitis," etc. stated unless important. Example: Measles (disease as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, use of "Tumor" for malignant neoplasms); Measles; carbolic acid-prabably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Paisaned by Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, atic), tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Branchopneumonia (secondary), (secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid interstitial nephritis, " "Weakness," etc., when a definite disease or intercurrent) affection need Chronic valvular heart disease; etc. The contributory not be

If this certificate is looked over thoroughly and a'l qu'stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1

Exact WITHIN CORPORATE LIMITS STATE OF MARYLAND CERTIFICATE OF DEATH stated EXACTLY, properly classified Registration Dist. No. (If death occurred in a hospital or institu-Ward) tion, give its NAME instead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED ould Write the word (Month) 17 I HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH sh that CE instruction (Month) (Day) (Year) If LESS than 000 7 AGE and that death occurred on the date stated above, at The CAUSE OF I day hrs. pplied terms min.? 8 OCCUPATION ERV 99 (a) Trade, profession or particular kind of work a (b) General nature of industry ā business, or establishment in (Duration) importa which employed or (employer) I Contributory RGIN 9 BIRTHPLACE Secondary (State or country DO EA (Duration) 10 NAME OF DO (Signed) FATHER Ξ 12 Shore 11 BIRTHPLACE OF FATHER Disease Causing Death, or, In deaths from LZ OZ on state (1) Means of Injury (2) Whether and Violent Causes, POI (State or country) Accidental, Suicidal or Homicidal. ati 12 MAIDEN NAM O LENGTH OF RESIDENCE (For Hospitals, Institutions, Transinform state CCUP/ ients or Recent Residents) 13 BIRTHPLACE In the At place of death OF MOTHER s should s (State or Country) Where was disease contracted, if not at place of death? Every item CIANS shot usual residence 80 If more branks are needed, address State Registrar, 16 W. Saratoga St., Halto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Furmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Carc should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—con mue, eve. wouren at home, who are engaged in the duties of the
household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Housenwid, etc. If the occupation has been changed Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Salesman. without more precise specification as Doy For persons who have no occupation (b) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia");

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "('Exhaustion,'' "Heart lauure, "Old Age,'' "Shock," "Tranition,'' "Marasmus," "Old Age,'' "Shock," (secondary or intercurrent) affection need not be stated unless important. Example: Meosles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Coreinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by roilwoy train-(Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic valvular heart disease; etc. The contributory death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

EXACTLY, y classified properly Ö It may that ACI 0 plain Should OF DE W id state OAUSE ( nid shot

RESERVED

MARGIN

#### STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. ... ..... Ward) If death occurred in a hospital or instituton, give its NAME incertificate amber.) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 1 COLOR OR RACE! MARKIED WIDOWED (Month) (Day) OR DIVORCED (Write the word) I HEREBY/CERTIFY. That I attended the deceased from 6 DATE OF BIRTH etructions that I last eaw home, alive on (Month) (Day) and that death occurred on the date stated above, at ..... 7 AGE If LESS than The CAUSE OF DEATH & was as follows: I day ... . hrs. OCCUPATION (a) Trade, profession or articular kind of work ..... (B) General nature of industry business, or establishment in Import which employed or (employer).... Contributory BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF FATHER 11 BIRTHPLACE \*State the Disease Causing Death, or, in deaths from OF FATHER M Violent Causes, state (1) Means of Injury: and (2) whether (State or country) Accidental, Suicidal or Bomicidal AR 12 MAIDEN NAME LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) 13 BIRTHPLACE In the At place of death .... yrs. ... mos. .... da. OF MOTHER State, ..... yrs...... mos..... (State or country) Where was disease contracted. KNOWLEDGE if not at place of death?.. Every item CIANS shot statement Former or DATE OF BURIAL OF BURIAL OR REMOVAL ADDRESS wore blenks are needed, address State Registrar, 16 W. Saratoga St., Balto., Registing

u G

1

- Us

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

CHEN PLAIN

2...

LXVE

(Approved by U. S. Census and American Public Health Association.)

ca) i mile, pro sissimi or

additional line is provided for the latter statement; it expation is very important, so that the relative healthwhatever, write None. fired 6 yes.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing beath gaged in domestic service for wages, as Screent, Cook to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer. Farm laborer, er," etc., Never return "Laboret," "Foreman," "Manager," "Dealworked on may form part of the (a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, specially in industrial employments, it is neces-Civil engineer, Stationary faremen, etc. But Physician, Compositor, Architect, Locomotice engineer, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques Housemaid, etc. If the occupation has been changed Statement of Occupation Precise statement of oc For many occupations a single word or term on 01. 4/ without more precise specification as Day Home, and children, not gainfully em-Laborer Coal mine, etc. second statement The material in many Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia").

Lobor pneumonia, Bronchopneumonia ("Pneumonia").

inqualified, ingress persitor use of head of ary), 10 ds. causing death), 29 ds.; stated unless important. Chronic interstitial nephritis, ment of cause of death approved by Committee Nomenetature of the Américan Medical Association.) quences 1rap as probably and qualify "Puerreal septicaemia." "Puerraal peritonitis," discuses resulting from childbirth or miscarriage, as can be ascertained as the cause. rhage," "Dropsy." "Exhausticn," symptomatic), conditions. ture of Poisoned by curbate acid State eause "Uraemia," "Weakness." etc., when a definite discuse Anjsions' Examples: taken. Whooping cough; Chronic valvulur heart disease, (Secondary -accident; Revolver wound of head-homicide; "Tumor" for malignant .. (name origin; "Cancer" is less definite; avoid peritonacum, etc., Carcinoma, Sarcoma, etc., ot "Inauktion." "Marasmus," "Old Age," "Shock," FOR VIOLENT DEATHS State MHANS OF INJURY "contributory." such as "Asthenia," 00 "Debility" ("Congenital," "Senite," etc.), Accidental drowning; Struck by such, if impossible to determine definitely AS ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF for which surgical operation was underor intercurrent) affection need is indefinite); Tuberculosis of lungs, men injury. As fracture of skull, and conse-Never report mere symptoms or "Atrophy," "Collapse," fracture of skull, and conse-(Racommendations on state Bronchopneumonia "Heart failure.": Example: Monstes -probably suitide. ete. The contributory neonlasms); Meastes; "Anaemia" Always qualify all "Coma," "Haemor terminal (secondrailway (disease The na-(merely not be "Conetc. 011

If this certificate is lacked over thoroughly and all questions answeled to acall it will prevent further correspondence.

The data is essential and must be obtained before the certificate is remanently filed.

ADDK

be stated EXACTLY, PHYSI-be properly classified. Exact ck of certificate. SCORD ANEN DNIDN be carefully supplied. ACE should be EATH in plain terms so that it may be important. See instructions on back WITH UNFADING INK--THIS MARGIN RESERVED Should BECF DE occuzy Every Item of statement of

No

7

1	
1 10	1
MI	Лì
VV	
1	- 1

PLACE OF DEATH

County.

Harford

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 181

Village or City Aberdsen Proving Ground.

Ward)

(if death occurred in a hospital or institution, give its NAME I. stend of street and number.)

Md.

#### MARGARET ALVORD SPILLER <sup>2</sup>FULL NAME

	PERSC	NAL AND STATIST	CAL PARTICI	JLARS			
	emale	MARRIED,					
6 1	DATE OF BI	RTH					
		December	20th	1891			
		(Month)	(Day)	° (Year)			
7 4	GE	38 yrs. 8	mos. 29 de	If LESS than I day hrs. or min.			
P (I	articular ki b) General	orofession or nd of work  nature of industry establishment in oyed or (employer)					
9 E	(State or c	eountry) West Poi	nt, New Yo	rk			
	10 NAME FATHER		lvord				
RENTS	11 BIRTHP OF FAT (State		er , Washi	ngton			
PARE	OF MOT		t McCleery				
	13 BIRTHI OF MOT (State of	PARTIE	, Illinois				
14	THE ABOVE	IS TRUE TO THE BEST	OF MY KNOWL	EDGE			
	(Informan	ot) Oliver L.	Spiller	# BWA \$1.7001 NAT			
	(Add	dress) Aberdeen	Proving G	round, Md			
15	El De	ft 20 19230 C	16/11/1	reliael			
	Filed	1920		Registrai			

MEDICAL	CERTIFICAT	E OF DEATH	
September	mber 19th	19193	, 19 <b>30</b>
17 I HEREBY C	ERTIFY, That I	attended the d	eceased from
that I last saw her	alive on Sep	tember 19	, 1923Ω,
and that death occurred The CAUSE OF DEATH	* was as follows	:	
Carcinoma	ol Intesti		
***************************************		**************************************	
			mos
Secondary	None .	/	/
(Signed)	Joseph M	Mollin	mos de.
9-19- 30 192 (			
*State the Disca Violent Causes, state Accidental, Suicidal or			
in LENGTH OF RESID		spitals, Institu	tions, Trans-
At place of deathyrsmos.		the Stateyrs	mosds.
Where was disease contract it not at place of dea h?	ed, Unknow	n	**************************************
Former or usual residence Unkno	wa	0 mil 0 m 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
19 PLACE OF BURIAL C	OR REMOVAL	DATE OF	F BURIAL
Arlington, V	a.	Sept 22	, 1930
20 UNDERTAKER  B.M. Mitchell  Madeson	mitchel		le Grace

If more banks are needed, addre.s Ltate Negistrar, 16 W. Saratoga St., Balto., Nequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planler, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If refired from laborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Forcman," "Manager," "Dealworked on may form part of the second statement report specifically the occupations of persons enespecially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with resident to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospiral fever (the only definite synonym is "Epidemia creetios, inal meningitis"); Diphtheria (avoid use of "Crup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> (secondary or intercurrent) affection need not be st\_ted unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age, " "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all ..... (name origin; "Cancer" is less définite; avoid tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid - probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as

II this certificate is looked over thoroughly and all questions abswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County County	12348	STATE OF CERTIFICATE	
	(185)	Registration	Dist. No. 1.84
Village or City Darling to (No.  2FULL NAME William S	langer	St: Ward	(If death occurred is a hospital or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MED	DICAL CERTIFICATE	OF DEATH
SEX 4 COLOR OR RACE 5 SINGLED MARRIED. WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEA	Cel.	9 4, 10 FU (Day) (Year)
6 DATE OF BIRTH Leukerou	ba Qt- 2	EBY CERTIFY, That I att	
(Month) (Day) (Year		M alive on the date states	1 above, at 2'416 m
40 yrs. hushasan I day II	rs. The GAUSE OF D	EATH * was as follower	skull.
a) Trade, profession or Bridge Ham particular kind of work	Till	fromthe	dgl
(b) General nature of industry business, or eatablishment in which employed or (employer)	***************************************	(Duration)	5 muules yrsmosde
9 BIRTHPLACE (State or country)	Contributory Secondary	- T-	v
10 NAME OF FATHER William Slanger	(Signed)	Duration) (Address)	ling long
OF FATHER (State or country)	Violent Causea.	Discase Causing Death, atate (1) Mcana of Ir dal or Homicidal.	or in deaths from and (2) Whether
of MOTHER	18 LENGTH OF	RESIDENCE (For Hospi	tals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs	mosds, In the	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		eontracted, dea.h?	40 00000000000000000000000000000000000
(Informant) Monnan Ross	Former or usual residence	RIAL OR REMOVAL	\ DATE OF BURIAL
(Address) Selinsgrove, Peage	Bally	me or removat	, 19
Filed Oct 24 1923 0 M M Kish	20 UNDERTAKER	Zailer	Dailing to

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Hequesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer free or given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the pisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." approved by Committee on Nomenclature of the diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic Chronic interstitial nephritis, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; nephrilis, etc. The contributory Example: Measles (disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

N. 3.--

	PLACE OF DEATH	STATE OF MARYLAND
1	County Harland	CERTIFICATE OF DEATH
		Registration Dist. No. 18
	11/1/1/11	
	Village or City Harfaulte Notherne wear	Belle Micht: Ward) (if death occurred in a hospital or institu-
ate	1 0 08-	tion, give its NAME in-
2/	2FULL NAME Gugue DA	number.)
Cort	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ō	3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
S S	male white OR DIVORCED	July 13, 1930
e o	(Write the word)	(Month) (Day) (Year)
L L	6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
8	Grikum, 1	192 9. to 1829 ), 1920.
0	(Month) (Day) (Year)	that i last saw h travalive on fully , 19350
0		and that death occurred on the date stated above, at
=	Ol of V/	The CAUSE OF DEATH * was as follows:
- L	Wow 36 yrs. mos. ds. or min.?	
99	8 OCCUPATION (a) Trade, profession, or	Por algor Careful 2
S .	particular kind of work	
i i	(b) General nature of industry l business, or establishment in	
Ta .	which employed or (employer)	(Duration)yrsmosds.
od	9 BIRTHPLACE	Contributory Secondary
=	(State or country) Makeuron	Durstion yrs mos de.
2	10 NAME OF	(Signed) Las R. chardon M. D.
Ve	FATHER Milaner	Oly 14 1920 (Address) Belan ml
9	OF FATHER	
2	Z (State or country) Unknown	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
1	a Opinion	ients or Recent Residents)
3	13 BIRTHPLACE OF MOTHER	At place In the State
	(State or country) Hukum	of deathyrsmosds. Stateyrsmosds.  Where was disease contracted,
10	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
č	CA OFF TO	Former or usual residence
ue u	(Informant) + Management	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
161	(Address) Belle Mid	At 1 08 De lu 14 1030
19	- 200 DI	20 UNBERTAKER ADDRESS
1	Filed July 14 1920 1/C ( Cichardson	V PA PRO PO
	Registrar	Dean Hole Dellin Md
1	If more blanks are needed, address State Registrar,	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemon, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. gaged in doincstic service for wages, as Scroont, Cook to report specifically the occupations of persons cnployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. household only (not paid Housekeepers who receive a laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foremon, applies to each and every person, irrespective of or At Home, and children, For many occupations a single word or term on yrs)... For persons who have no occupation Farm laborer. (b) Cotton mill; (a) Solesman. (b) Grocery; mon, (b) Automobile foctory. The material without more precise specification as Doy (a) the kind of work and also (b) the If the occupation has been changed Laborer--Coal minc, etc. not gainfully em-Wom-

Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal forer (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telonus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Agc," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meosles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved carbolic acid-probably suicide. The nature of tho injury, occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercun be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by roilway train-Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY by Committee on Nomenclature cough; Chronic valvular heart disease; Example: Measles (disease affection need not be etc. The contributory " Haemorrhage,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE

8

Village or City Jallylun (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. / 87  St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Warvilly	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH , 192 , 192 , SEPT 11 (Month) 11 (Day) THUR(Year)193
6 DATE OF BIRTH  MAY 31, 1899  (Month) (Day) (Year)	that I last saw h er alive on SEPT 10-30 , 192 A,
7 AGE 4   If LESS than   I dayhrs.   Jo ds.   ormin.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work	BRONCBIECTISIS
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) 2 yts. mos. ds.
9 BIRTHPLACE (State or country) Balk city, Md.	Contributory TO XAEMI A Secondary (Durstion)
10 NAME OF FATHER Sheadard Sterrylle	(Signed) from M. D.
of FATHER (State or country) Balls City. Med.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER WELLA AMMINAN	10 LINGTH OF RESIDENCE (For Hospitals, Institutions, Truns- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Balts Celly Ind.	At place of deathyrsmosds. In theyrsmosds. Where was disesse contracted,
(Information), To the BEST OF MY KNOWLEDGE	Former or usual rendence DATE OF BURIAL
(Address) I hallston mit	Vouder Park Le V.15.19.38
Filed WM 11 1970/1 C Contains	r, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocsary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective ci er," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g.. Farmer or Planter, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement report specifically the occupations of persons en-Foreman, For many occupations a single word or term on For persons who have no occupation

s; inal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic ccrebro" ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection withrespect Statement of Cause of Death-Name, first, the Dis-Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Bronchopneumonia ("Pneumonia

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease st\_ted unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, men-"Debility" ("Congenital," "Senile," etc.), "Drcpsy," (E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) tctanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-

It this certificate is looked over thoroughly and all questions permanently filed. answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

#### 1564 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

\_Ward)

(If death occurred in a hospital or institu-tion, give its NAME in

	Highenson stead of number.)	street	an
	MEDICAL CERTIFICATE OF DEATH		
	16 DATE OF DEATH May 23	192	50
_	(Month) (Day)		
	17 I HEREBY CERTIFY, That I attended the de	gased	from
0	that I last saw har alive on May 23	, 19	30
- 1		300	
	The CAUSE OF DEATH * was as follows:	/	
5	Intestinal Chotruction		
	o weeming control		
	(Duretion) yie	10	d
	Contributory Caremona & Intes	line	0
	Secondary (Duralign) Tyra n	4 1	4
-	(Signed) Last of sice	ن خ	м г
+	May 24/1930 (Address) Attinode To	40	~
-	*State the Discase Causing Death, or, in dea Violent Causes, state (1) Means of Injury and (2) Accidental, Suicidal or Homicidal.	ths ffe	m
	18 LENGTH OF RESIDENCE (For Hospitals, Institut	ions, T	ran

18 LENGTH	OF	RESIDENCE	(For	Hospitals,	Institutions,	Trans
ients or R	ecen	t Residents)				
A 1				In the		

of deathyrsds.	Statede
Where was disease contracted, if not at place of dea.h?	

Former or usual residence.

19 PLA	CE OF	BURIAL	OR	REMOVAL		DATE	OF	BURIAL
RA	8.4	A		1.		Mon	1	1
GAT A	アイン	PLAN	-	Um	. 1	111000	0	19

ADDRESS

If more bianks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Year) IIf LESS tha

l day hr

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation should be used only wben needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, Whooping cough; American Medical Association.) approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train— "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Chronic etc. The contributory affection need not be valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

	)	PHYSI-
	PECORD	EXACTLY, PHYSI-
U	VENT PE	ce the

	PLACE OF DEATH	STATE OF MARYLAND
-	County Harford	CERTIFICATE OF DEATH
X	Village or City About golon (No	Registration Dist. No. 18 2
	2FULL NAME Simon John	St.: Ward)  St.: Ward)  Care of the property o
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male White Single, windowed. Single (Write the word)	16 DATE OF DEATH 25, 1930 (Month) (Day) (Year)
	6 DATE OF BIRTH  March 292, 1858  (Month) (Day) (Year)	that I last saw h alive on 192,
	7 AGE  7 5 yrs. 6 mos. 26 ds. or min.?	and that death occurred on the date stated above, atm.  The CAUSE OF DEATH * was as follows:  Tournd Lead - Us Fuark
Action of the second	e occupation (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Probable course of death Oleant discourse of death
	9 BIRTHPLACE (State or country) Marylomo	Contributory Secondary Secondary Marrailon Causes, mos. ds.
	10 NAME OF Storege Stugler  11 BIRTHPLACE	(Signed) M. D. OET 25 1920 (Address) Del (112)
	OF FATHER (State or country) Jumany 12 MAIDEN NAME  OF FATHER (State or country) Jumany	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Ealower Turcher  13-BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place
	(State or Country) Sum any	of deathyrsds. Stateyrsds,
	(Informant) Storge N Stiegles (Address)	Where was disease contracted, if not at place of dea.h?  Former or usual residence  To PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  10/28, 1930
	Filed Oct 26 19×30 Fred Morelott	20 UN DERTAKER SON 3503 Calmons r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
- 11	If more banks are needed, address tate Kegistra	2, 10 W. Daratoga St., Daito., Neddesting v. S

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to cach and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocfired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, or given up on account of the DISEASE CAUSING DEATH greed in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal minc, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Cotton mill; (a) Salesman, without more precise specification as Day Stationary fireman, etc. But in many Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid ferer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopncumonia (secondary), 10 ds. Never report mere symptoms or terminal condistated unless important. inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of approved by Committee on tetanus) may be stated under the head of "contributory." earbolic acid-probably suicide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by "PUERPERAL scplicaemia," "PUERPERAL perilonilis," ete tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, or as probably such, if inpossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Whooping cough; Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJULY "Atrophy," "Collapse," "Coma," "Convulsions, Chronie valvular heart disease, etc. The contributory Nomenclature

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

4

1930

1	PLACE OF DEATH	STATE OF MARYLAND
Count	Hayod	CERTIFICATE OF BEATTI
		Registration Dist. No. / 8 4
Village	or City Pylenules (No.	St.; Ward) (If death occurred in a hospital or institu-
	mary m. W.	tion, give its NAME in- stead of street and number.)
	2 FULL NAME THE TOTAL STATE OF THE PARTY OF	
Р	ERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED	(Month) (Day) (Year)
6 DATE	OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
	Feb 7 1866	that I last saw h & alive on 25, 1960,
7 AGE	(Month) (Day) (Year)	and that death occurred on the dete stated above, at 9. m.
	If LESS than I dayhrs.	The CAUSE OF DEATH & was as follows:
(a) Tr	PATION ade, profession or at home ular kind of work	
(b) G	eneral nature of industry	
	ess, or establishment in employed or (employer)	(Duration)
	HPLACE tate or country) and	Contributory Secondary  (Duration)yrsmosda.
10	NAME OF Durid & Butter	(Signed) Charle Manney M.D.
N T II	BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
<b>≥</b> 12	MAIDEN NAME anany A. Bartos	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts, or Recent Residents).
	BIRTHPLACE OF MOTHER (State or country)	At place of death yrsos da. State, yrsmos da.
14 THE	ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Inf	ormant) fac blilly	Former or usual residence
	(Address) Bylowiles mo	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed	Jan. 27 1980 J. J. J. McMalb	20 UNDERTAKER ADDRESS
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the er," etc., additional line is provided for the latter statement; it whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persous enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-(a) Foreman. (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Civil engineer, Stationery firemen, etc. But in many fulness of various pursuits can be known. Statement of Occupation-Precise statement of oc For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day If the oecupation has been changed As examples: (a) The ques-W ODI

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhold fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

and qualify as accidental, suicidal, or homicidal, or diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. use of "Tumor" for malignant neoplasms); Meastes; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) queuees (e. g., sepsis, tetanus) may be stated under the as probably such, if impossible to determine defluitely. State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorcausing death), 29 ds.; Bronchopneumonia stated uuless important. Chronic interstitial nephritis, etc. ment of cause of death approved by Committee on head of "eontributory." ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway (seeondary or intercurrent) affection ueed not be Whooping cough; Chronic valvular heart disease; ...... (name origin; "Caneer" is less definite; avoid For "Debility" ("Congenital," "Senile," etc.), VIOLENT DEATHS STATE MEANS OF INJURY Never report mere symptoms or terminal (Recommendatious on state-Example: Meusles The contributory (mercly (discase (second-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FES 5 1930 UREAU V.S.

V. S. No. 1

	11
rsi-	- 14
Ŧũ.	
, ¥	V
SSIF	1
XA ola ate	
H T S	=
rope	
e si	1
ay b	
mon in	•
E EF at It	
Ac tho	1
ed.	
opti erm	ءَ
to	
w E W	権
ully s plain nt. S	1
arefully s I in plain ortant. S	0/4
e carefully s ATH in plain mportant. S	
id be carefully a DEATH in plain ry important. S	0 4
ould be carefully so very important.	-
n should be carefully sise of DEATH in plain N is very important. S	-
ation should be carefully ECAUSE OF DEATH in plain	-
rmation should be carefully to CAUSE OF DEATH in plain	-
Information should be carefully supplied. ACE should be stated EXACTL state CAUSE OF DEATH in plain terms so that it may be properly classificated as very important. See instructions on back of certificate.	-
of information should be carefully suid state CAUSE OF DEATH in plain of OCCUPATION is very important.	-
em of information should be carefully should state CAUSE OF DEATH in plain int of OCCUPATION is very important.	
y item of information should be carefully says should state CAUSE OF DEATH in plain sment of OCCUPATION is very important.	
Very Item of information should be carefully scians should state CAUSE OF DEATH in plain statement of OCCUPATION is very important.	
CIANS should state CAUSE OF DEATH in plain terms so that it may be properly olassified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
N.BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	-

	County Harford	04399	STATE OF I	OF DEATH
	Village or City Street & GNNo. 37, 32	toker	St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDIC	CAL CERTIFICATE	OF DEATH
	Male A COLOR OR RAGE 5 SINGLE, MARRIED, Married OF SIVERCED (Write the word)	16 DATE OF DEATH	april (Month)	// , 1928 (Day) , (Year)
	(Month) (Day) (Year)	that I last saw h	1927. to	ended the deceased from nife 1, 1920,
	7 AGE  53 yrs.   mos. 24 ds.   lf LESS than   l day hrs.   or min.?	and that death occu The CAUSE OF DEA	1	above, at I of m.
	(a) Trade, profession or Farmer	***************************************		
	(b) General nature of industry business, or establishment in which employed or (employer)		(Duration)	yrs. £ mos. ds.
	9 BIRTHPLACE (State or country) Morth Carolina	Contributory Secondary	(Duration)	vis. mos. ds.
	10 NAME OF JM Stoker	(Signed) Than Chil 12 198	le Man	of the and
1	OF FATHER  Z (State or country)  12 MAIDEN NAME	*State the I Violent Causes, s Accidental, Suicidal	isease Causing Death, tate (1) Means of Ingor Homicidal.	or, In deaths from jury and (2) Whether
	of MOTHER ann Stoker		SIDENCE (For Hospit	als, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsr	nosds. In the	eyrsmosds.
	14 THE ABOVE IS TRUE TO THE REST OF MY KNOWLEDGE	Where was disease conif not at place of dea Former or usual residence	tracted,	
	(Address) Street, Md. R. F.W.	19 PLACE OF BURIA	L OR REMOVAL	april 3,30
	Filed Wil 12 19236 M W Kill Registrar	20 UNDERTAKEN	Bailey	Narlington
	If more bianks are needed, address State Registrar,	, 16 W. Saratoga St.,	Balto., Requesting V. S	md,

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). For persons who have no occupation work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Civil engineer, Physician, Compositor, Architect, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions,

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	A	a	4
V	- 3	5	
H	2		3
4	100	=	1
lored.		40	-
4	III	42	3
, de	O	5	
2	A		4
á.		0	1
	73	0	i
2	0	0	*
-	=	2	-
	2.	7	
	2	0	0
i	2	+,	(
4	00	2	6
7	>	8	
=	1770	=	4
-	3	4	\$
)	(0)	C	1
7	1	* 5W	ì
-	(2)	I	3
]	0	lue.	2
2	0	4	3
Ì	0	LL.	+4
-	70		2
5			2
_	31	L.	2
-	0	0	
4	Ξ.		0
4	00 1	10	
	2	53	4
<b>&gt;</b>	0	7	C
	= 7		Ξ
-	12 1		d
7	=	σ.	2
4	Ε.	3	17.
	0	63	;
		so !	ņ
	-		Š
н	Nam "	י ס	U
	0	3	-
1	_	0	Ç.
4	E 3	α,	ä
4	9	(D)	d)
4	-	•	č
	>-	70	200
	1. 4	- P	2
	0 9	-	a
	141 5	)	Statement of Occupation is very imposition, and included and
THE STATE OF THE S	. 1		,
1	-		
1	20		
	N. BEvery item of information should be carefully supplied. ACE chour		
	2		

V. S. No. 1

PLACE OF DEATH  County To Loud	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 183
Village or City Providence Lel Stran	St.: Ward) (If death occurred in a hospit d or institu- tion, give its NAME i - stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCES (Write the word)	16 DATE OF DEATH S . , 1830 (Month) 3 (Day) (Year) 193
6 DATE OF BIRTH  (Month)  (Day)  (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1930 to Sept. 12 , 1930, that I last saw h 20 alive on Sept. 12 , 1930,
7 AGE [If LESS than	The state of the s
5 7 yrs / mas 25 de la min	
8 OCCUPATION (a) Trade, profession or particular kind of work	moration dates
(b) General nature of industry business, or establishment in	Mekord
which employed or (employer)	(Du(stion) yrs. mos ds,
9 BIRTHPLACE (State or country)	Contributory Secondary  (Durgion) ys,
10 NAME OF form Junspeger	(Signed) Girman Harmon & M. D.
OF FATHER  Z (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Janua Coats	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or country)	At place of death yrsmos,ds. In the Stateyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
(Informant) Vinda Strowfrigh	Former or usual residence
(Address) Barn Groe Pa	Centre Benefy Od Seff 19. 193 S.
Filed Sept 16 1930 Thomas P. Brown Registrar	20 UNDERTAKER SALL BANN Dine Pa
If more banks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile fuctory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemun, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. eupation is very important, so that the relative health-Statement of Oceupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servand, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Housemaid, etc. If the occupation has been changed laborer, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, without more precise specification as Day Luborer-Coal mine, etc. Wom-

fever (the only definite synonym to fever (the only definite synonym to fever (Croup"); spinal meningitis"); Diphlheria (avoid use of "Croup"); spinal meningitis"); ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS pneumonia, Bronchopneumonia ("Pneumonia,

> tetanuy) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinomu, Surcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death as fracture of skull, carbolic acid—probably suicide. The nature of the injury, accident; Revalver wound of head-homicide; Paisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State eause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), (seeondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature taken. FOR VIOLENT DEATHS state MEANS OF INJURY Whooping American Medical Association.) Never report mere symptoms or terminal condicough; Chronic and consequences (e. g., sepsis Example: Measles (disease valvudar heart etc. The contributory disease;

data is essential and must be obtained before the certificate 's answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and al qu stions

	te
	>
	Ver
7	M
	1.8
	M
	ż

V. S. No. 1

PLACE OF DEATH  County Jackson	STATE OF MARYLAND CERTIFICATE OF DEATH
	(129) Registration Dist. No. 180
Village or City Bel au (No	St.: Ward)  (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 CHISLE, WIDOWED, WIDOWED, OF CHISCOLOR OF WHITE WORD (Write the word)	16 DATE OF DEATH 7 10 CM , 1920 (Month) (Day) (Year)
Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the december from  1920. to 1970.  that I last saw h  alive, on
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	and that death occurred on the date stated above, at
9 BIRTHPLACE (State or country)  10 NAME OF FATHER & Have Richardson  11 BIRTHPLACE OF FATHER  OF FATHER  OF FATHER	(Signed) (Duration) Transmos, de (Signed) (M. D. M. D.
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  Maryland  Maryland  Maryland	Vicint Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?  Former or usual residence
(Address) Bel au Mayla.  15 Filed Not // 1973 o Fredulloglock	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UN DERTAKER  ADDRESS
- Cocal Registrar  If more banks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

H. .

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., Without more France Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womnature of the business or industry, and therefore an Civil engineer, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. whatever, write Nonc. to know (a) the kind of work and also (b) the For many occupations a single word or term on Compositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISERASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY ," "Heart failure," "Haemorrhage, Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease; " "Convulsions,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

3

V. S. No. 1

()

PLACE OF DEATH	044(i() STATE OF MARYLAND
County Halford.	CERTIFICATE OF DEATH
	Registration Dist. No. / 8
Village or City Fallstors (No.	St.: Ward) (if death occurred in a hospital or institution, give its NAME in-
2FULL NAME (LUMA V. VI	Manual stead of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Lewello While (Write the word)	16 DATE OF DEATH Coril 19 , 1930 (Month) (Day) (Year)
Month) (Day) (Pear)	17 I HEREBY CERTIFY, That I attended the deceased from march 1920 to April 19 1920.
AGE [If LESS than	and that death occurred on the date stated above, at
58 yrs. 11 mos. 26 de. or min.?	The CAUSE OF DEATH * was as follows:
occupation (a) Trade, profession or House Infe.	Carrinoling Bronchist Osthina + Heart Disease
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos & ds.
BIRTHPLACE (Ntate or country)	Contributory Secondary
10 NAME OF FATHER RANGE	(Signed) Willand P. Hills M. D.
11 BIRTHPLACE	19ul 3/1930 (Address) Fould Fell me
OF FATHER (State or country) Callaid	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Hausah McChesky	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE  OF MOTHER  (State or country)	At place In the of deathyrsmosds. Stateyrsmosds.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
Unforman Mr. Sull See Minner.	Former or usual residence
(Address Tallston; Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OF 1936.
Filed apr 21 1930 M. C. Kichardon	Hoonlegery Gross Bearn Jul.
If more bianks are needed, address State Registrar	, 16 W. Saratogy St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

to report specifically the occupations of persons enfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at heginning of illness. If retired from definite salary, may be entered as Housewife, Houseshould be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). Spinner, Civil engineer, Physician, Compositor, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Housemuid, etc. If the occupation has been changed ployed. as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nonc. etc., Foreman, or At Home, and children, especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. (b) without more precise specification as Day mpositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many (b) Automobile factory. The materia For persons who have no occupation not gainfully em-Grocery,

Statement of Cause of Death—Name, first, the disease cause of Death—Name, first, the disease causation), using always affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

Les bl

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaonia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcona, etc., of ...... (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitual nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Exhaustion," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by roilway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Committee on Nomenclature "Heart failure," "I I aemorrhage, etc. valvular The contributory heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will be entituding to present during the correspondence. All the data is essential end must be parallely before the certificate is permanently filed.

15

	1
PLACE OF DEATH	, , , , TS
24 / A	FIMIL
County Surface	TIE
	UT-
Village or City Heldrall (No	
a +0	11
2FULL NAME /COSE V. Dum	Jali
PERSONAL AND STATISTICAL PARTICULARS	
SEX 4 COLOR OR RACE 5 SINGLE,	16 DAT
WIDOWED WATER	•
Terreal (Write the word)	
DATE OF BIRTH	17 De
December 9-, 1845.	
(Month) (Day) (Year)	that I I
AGE If LESS than	and the
8 4 yrs. 10 mos. 7 ds. or min.?	The CA
	Ce
(a) Trade, profession or Louseworks  particular kind of work	
(b) General nature of industry	**************
business, or establishment in	
which employed or (employer)	Con
(State or country) Mary Mary A.	Se
I 10 NAME OF	
FATHER Samuelly. Meeler	(Signed)
11 BIRTHPLACE	.02.47.
OF FATHER (State or country) Manyland,	Viole
TE MAIDEN NAME	Acci
of MOTHER Susan Holland,	18 LEN
13 BIRTHPLACE	At place
OF MOTHER (State or Country) Maryland,	of death Where
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not a
2 10 0 14	Former usual re
(Informant) Mell , Due Sumplion,	19 PLA
2 - 1 - 1 - 1	-1

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 185

St.:	Ward)	(if death a hospital tion, give it stead of	or ins	titu- E in-
		number.)		

Istrow,	number.)
MEDICAL CERTIFIC	ATE OF DEATH
16 DATE OF DEATH October	
Oct. 14 1930, to	t I attended the deceased from
that I last saw her alive on C	er. 26 -, 1920,
and that death occurred on the data	atated abova, at 6 - a m.
The CAUSE OF DEATH * was as folio	
Central Hem	ouhags
***************************************	
Contributory atterio	Selevosie
(Signed) (Signed) (Address) 2	6 /3 ay M.D.
*State the Disease Causing Violent Causes, state (1) Means Accidental, Sulcidal or Homicidal.	Death, or, in deaths from of Injury and (2) Whether
18 LENGTH OF RESIDENCE (For lents or Recent Residents)	Hospitals, Institutions, Trans-
At place of deathyrsmos,ds.	In the Stateyrsmosds.
Where was disease contracted, if not at place of death?	10000000000000000000000000000000000000
Former or usual residence	00000000000000000000000000000000000000
	DATE OF BURIAL

If more bianks are needed, address State Registrar, 16 W. Saratoga St. Balto., Raquesting V. S. No. 1.

1 120

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery, should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scruant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many For persons who have no occupation (b) Automobile factory. The materia

Statement of Cause of Death—Name, first, the DISTEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrophial fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the American Medical Association.) "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all ..... (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BE

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. EXACTLY, Ward) (If death occurred in a hospital or Institu-tion, give its NAME insteed of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE, 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH WIDOWED. OR DIVORCED Write the word) I HEREBY CERTIFY, That I attended the deceased nstructions at (Month) (Day) (Year) and that death occured on the date steted above, at ..... If LESS than 7 AGE 0 I day hrs. The CAUSE QF DEATH \* was as follows: OCCUPATION ESERV (a) Trade, profession or particular kind of work carefully H in plain plai nt. (b) General nature of industry business, or establishment in (Duration) .....yrs.... which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) EA 00 10 NAME OF FATHER 0 192 1 ... (Address) .. A 11 BIRTHPLACE 0) OF FATHER COZ Z \*State the Disease Causing Death, or, in desths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. (State or country) 20 12 MAIDEN NAM O 0 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-00 ients or Recent Residents) stat 13 BIRTHPLACE In the At place OF MOTHER (State or country) 00 Where was disease contracted, Every item of CIANS should statement of ( if not at place of death? TRUE TO THE Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Q-UNDERTAKER If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-(a) Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) cases, especially in industrial employments, it is neces-Civil engineer. Stationary freman, etc. But in many Physician, Compositor, Architect, Locomoltre engincer, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewije, Househousehold only (not paid Housekeepers who receive a en at home, worked on may form part of the second statement. Aever return 'Laborer,'" (Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (ye Housemaid, etc. If the occupation has been changed Foreman, (b) Automobile or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day who are engaged in the duties of the factory. The materia. -Coul mine, etc. (6) Grocery Wom-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal [1] fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); [1] Lobar pneumonia. Bronchopneumonia ("Pneumonia,"

3

"PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcomu,, etc., e diseases resulting from childbirth or miscarriage "Inanition," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menletanus) may be stated under the head of "contributory." carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJUNY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uracmia," "Weakness," etc., when a definite disease as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Debility" ("Congenital," "Senile," etc.), "Dropsy "Exhaustion," "Heart failure," "Haemorrhage, American Medical Association.) approved by (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Committee on Nomenclature of the Chronic valendar heart disease; etc. The contributory not be 28

If this cartificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the cartificate is permanently filed.

#### STATE OF MARYLAND F DEATH

CERTIFICA	TE O
Registrati	on Dist.

Ward)

MEDICAL CERTIFICATE OF DEATH

(If death occurred in a hospital or institu-tion, give its NAME ir-stead of street and number.)

DATE OF BURIAL

County Hayour			
Mean Bel an Mad			
2 FULL NAME Louis Say			
PERSONAL AND STATISTICAL PARTICULARS			
male White Single, MARRIED, Surgle OR DIVORCED (Write the word)			
DATE OF BIRTH			
(Month) (Day) (Year)			
AGE   If LESS that   I day hrs or min.			
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)			
BIRTHPLACE (State or country)			
10 NAME OF John Say			
OF FATHER (State or country)			
12 MAIDEN NAME OF MOTHER Margaret droise			
13 BIRTHPLACE OF MOTHER (State or country)  Md.			
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			

PLACE OF DEATH

6 DATE OF DEATH	h	, 19230
(Month	n)(Day)	(Year)
17 I HEREBY CERTIFY, Tha	t I attended the	deceased from
	June 5	, 1923
hat I last saw h the alive on M	m 31	, 192×2
nd that death occurred on the date		
The CAUSE OF DEATH * was as followed		·, · · · · · · · · · · · · · · · · · ·
Cardina O.	Muna	)
······································		
**************************************	<b></b>	
(Duration	)yrs	mosds
Contributory	* * * * * *	
Secondary		
Signed) Chas 186 C	)// yre	mosds
Signed)	acres -	
Signed) 1920 (Address)	Sulan	, m
*State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.	Death, or, in of Injury and	deaths from (2) Whether
8 LENGTH OF RESIDENCE (For	Hospitals, Instit	tutions, Trans
ients or Recent Residents)		
At place f deathyrsmosds.	In the Stateyrs	ds
Where was disease contracted, not at place of dea.h?		
ormer or		

If more blanks are needed, addre. State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

usual residence

V. S. No.

CORD

DING

MARGIN RESERVED FOR

WITH UNFADING INK-THIS

of certificate.

See Instructions on back

supplied.

Every item of information should be carefully signal Should state CAUSE CF DEATH in plain statement of OCCUPATION is very important. So

is very Important.

(Approved by U. S. Census and American Public Health Association.)

to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Housecupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, laborer, worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Plunter, Foreman, or At Home, and children, For many occupations a single word or term on Farm laborer. Luborer-Coal mine, etc. without more precise specification as Day For persons (b) Automobile factory. The material (a) the kind of work and also (b) the not gainfully em-Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE ("NUSLING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fover (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state Means of Injuny "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway train unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condietc. The valvular heart disease; contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1PLACE OF DEATH	06779 STATE OF MARYLAND
County Harford #ITRIN CORPORATE	CERTIFICATE OF DEATH
1/1/ 1/ 1/	Registration Dist. No. 185
Village or City Con Control Contro	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME / Iderman B	Slutturan tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORGED (Write the world)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH Jaw. 3 , 1860	17 I HEREBY CERTIFY, That Lattended the deceased from 1920. to 1920.
(Month) (Day) (Year)	and that death occurred on the date stated above, at 1920,
I day_hrs.	
B OCCUPATION (a) Trade, profession or particular kind of work	Clugina Pelono
(b) General nature of industry business, or establishment in which employed or (employer) butractor	(Duration) yrsds.
9 BIRTHPLACE (State or country)	Contributory Secondary  Duration  Vis. mos. ds.
10 NAME OF CLI SENTENCAN	(Signed) To. Hering M. D.
UN 11 BIRTHPLACE OF FATHER Z (State or country) 12 MAIDEN NAME	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Softwajackson	6 LENGTH OF RESIDENCE (For Hospitais, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At plece of death
14 THE ABOVE THE TO THE BEST OF MY KNOWLEDGE	Where was disease contrected, if not et place of dea.h?
and Sentinsu	Former or usual residence
(Address) Lors All Posit, Mile	MARCIFIE CEW. Jule 22 1932
15 Filed Jane 21 1920 Charles J Foley, M.D. Registrar	20 (UNDERTAKER Patterson Jerryfirlle
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation er," etc., without more precise specification as Lag laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-American Medical Association.) approved "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY by Committee on Chronic Example: Measles (disease etc. The contributory valvular heart disease; affection need not be Nomenclature of the Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.

PLACE OF DEATH	STATE OF MARYLAND
County Harford	CERTIFICATE OF DEATH
4 Sut and	Registration Dist. No. 180
Village or City W (No	St: Ward) (If death occurred Ir a hospital or institu-
2FULL NAME Stery	tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Walt White the word)  3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Just 19, 1936	
(Month) (Day) (Year)	that I last saw h alive on 192,
7 AGE    If LESS than    day 5 hrs	
yrsmosds. ormin.	
e occupation (a) Trade, profession or particular kind of work	Presenting Berth
(b) General nature of industry	for the second second
business, or establishment in which employed or (employer)	(Durstion)yismosds.
9 BIRTHPLACE (State or country) Wary lund	Contributory Secondary
FATHER MALO WARD Ata. Afres.	Spened) Mary Will M. D.
II BIRTHPLACE	Mull 1900 (Address) Taly Eword
OF FATHER (State or country)  12 MAIDEN NAME 7	*State the Disease Causing Death or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Orlina Vidue	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER WELLING	At place of deathyısmosds. Stateyrsmosds.
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
The the	Former or usual residence
(Informant) Mullimy Many W	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) do Euroro	Edgewood Asseral Jun 20, 1930
15 Filed Ju 20 192 Fredelbarlok	20 UNDERTAKER ADDRESS ADDRESS ADDRESS ADDRESS
local Registrar	100000000000000000000000000000000000000
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

15 17 14 15 13

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, worked on may form part of the second statement. For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examplest Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as ". PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inamition," "Marasmus," "Old Age," "Shock, stated unless important. Example: Measles (disease approved by Committee on (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train— "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY Chronic valvular heart Nomenclature of the disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. EXACTLY, (If d-ath occurred in ....Ward) a hospital or institu-tion, give its NAME is stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS RTIFICATE OF 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED WIDOWED OR DIVORCED (Write the word) That Vattended the declased 6 DATE OF BIRTH Instructions that (Month) (Day) IIf LESS than and that death occurred on the date stated above, at 7 AGE I day hrs. The CAUSE OF DEATH \* was as follows: supplied or ESERVE OCCUPATION (a) Trade, profession or particular kind of work a (b) General nature of industry р business, or establishment in (Duration) 2 which employed or (employer) Contributory MARGIN dui 9 BIRTHPLACE Secondary (State or country) 10 NAME OF O Shoul (7) 11 BIRTHPLACE I'ls ase Causing Death, or, in OF FATHER FZ 07 Violent Causes, state (1) Means of Injury and (2) Whether (State or country) 0 Accidental, Suicidal or Homicidal. Ш 0 O 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER 4 form 00 0 ients or Recent Residents) CC 13 BIRTHPLACE In the At place OF MOTHER State......da. C of death .. \_\_\_\_yrs......ds. (4) (State or Country) 00 Where was disease contracted, it not at place of dea h? ... no 14 THE ABOVE IS TRUE Former or (0) Every it CIANS stateme DATE OF BURIA 20 UNDERTAKER ADDRESS If more b.anks are needed, addre s Ltate Negistrar, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questhe first line will be sufficient, e. g.. Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to e.ch and every person, irrespective of whatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement business, that fact may be indicated thus; Farmer (re-For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemiz cerebross, inal meningitis"); Diphtheria (avoid use of "Croup"); Inphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,".

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uracmia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be st\_ted unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephrilis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid—probably swicide. The n.ture of the injury, as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condietc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

-		1PLACE OF DEATH	1
		County Harford 109-2	)
3	Vil	llage or City Land De Gray Hospital	
		2 FULL NAME Lis am Styls	10000 g
		PERSONAL AND STATISTICAL PARTICULARS	
200	3 5	nale White (Write the word)  5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16
2	6 1	DATE OF BIRTH	17
9		(Month) (Day) (Year)	th
1311 001	7 4	If LESS than l day hrs. ds. or min.?	Th
Lalli.		b) Centrol of work Solve	
2	9 E	SIRTHPLACE (State or country)	
		10 NAME OF Elmer E. Style,	(Si
	STN	OF FATHER (State or country)	
	PARE	OF MOTHER MONE & alvala	18
		13 BIRTHPLACE OF MOTHER (State or Country)  Pa	At of WI
14 THE ABOVE IS		THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if For
		(Informant) f. C. Jyson' (Address & Joseph Sun: Ind)	19
	15	Filed July 29 1920 Charles & Foley M.D.	20

08095 STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No.

NAME Lisam Styla	St.: Ward) (if death occurred in a hospital or institu- tion, give its NAME is - stead of street and number.)
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE SINGLE, WILLOW WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH LLY Q (Month) (Day) (Year)
(Month) (Day), 1889	that I last saw helt alive on July 75 1920
If LESS than	and that death occurred on the date stated above, at 6 15 Ham.
/ yrsmosds. ormin.?	The CAUSE OF DEATH * was as follows:
ssion or Jobous re of industry blishment in or (employer)	Prestably Justin vie mos de
Elmer E. Styler,	Contributory Secondary Duration Ourse M. D. 197 (Address)
ountry) Pai	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
mary Sainer	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
untry) Pai	At place of deathyrsmosds. In the Stateyrsmosds.
TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
LE Tyson'	Former or usual residence
piony Sun. Ind.	Harmony Chapel my Chapel mg 1, 1930 20 UNDERTAKER ADDRESS
27 1920 Sharles & Colley & O. Registrar	J. G. Tyson. Rising Semma
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

S. No. 1

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully emer," etc., household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken Physician, or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (re-Foreman, For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, (b) Automobile factory. The material Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Bronchopneumonia (secondary). stated unless important. Example: Measles (disease Whooping use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condiresulting from childbirth or miscarriage cough; Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact ECORD NENT NDING INLY, WITH UNFADING INK--THIS IS A PER MARGIN RESERVED FOR WRITE

V. S. No. 1

PLACE OF DEATH  County Harford WITHIN CORPUSAT	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 135
Village or City Hart de Grace (No	St.: Ward) (If death occurred is a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single	16 DATE OF DEATH  July 4 5 , 1930  (Month) (Day) (Year)
6 DATE OF BIRTH  August 29th, 1904  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1920 to July # , 1920 that I last saw beau alive on July # , 19230,
7 AGE  25 yrs. / 0 mos. 5 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work arkenter (or Carpenter lelper business, or establishment in which employed or (employer) at Edgewood arsnal Mod  9 BIRTHPLACE (State or country) Martico Pennsylvania	In front of And Touritor top, Philodelphia Board as Contributory in 200 Market & Production Secondary (Duration) 778 mos. 2 Land
10 NAME OF FATHER LINKWOWN  11 BIRTHPLACE OF FATHER (State or country) Unknown	(Signed) Martine J. Foley Roroner. M. D.  July 5 1980 (Address) Hours de Brace, Md  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Sucidal or Homicidal.
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  Unknown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place / 2 hours at hours de In the State yrs these was disease contracted.
(Informant) M. Marshall	if not at place of death?
(Address) Edgewood Assual Mg  15 Filed July 9 1920 6 km. J. Fley & D. Registrar	nantico Pennsylvania, 19
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it fulness of various pursuits can be known. The quesen at home, who are engaged in the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, tion applies to each and every person, irrespective of Foreman, For many occupations a or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on Locomotive engineer, duties of the (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease tetanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL perdonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJURY Whooping cough; American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; Example: Measles (disease ctc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. NENT NDING PER NLY, WITH UNFADING INK--THIS IS A MARGIN RESERVED N.

V. S. No. 1

PLACE OF DEATH  County Components Li	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
Village or City Holdersee (No	St.: Ward)  St.: Ward)  a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jerusle white (Write the word)	16 DATE OF DEATH FL 26 , 1930 (Year)
September 1/-, 1861  (Month) (Day) (Year)	that I last saw he wallive on The 26, 1950,
8 OCCUPATION [If LESS than I day hrs. or min.]	
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	(Duration) mos 6 ds,  Contributory and a faithful for the fact of
10 NAME OF FATHER Michael Clayman,  11 BIRTHPLACE OF FATHER (State or country) Lecundylvania,	(Signed)
of MOTHER Rebeced Journel,  13 BIRTHPLACE OF MOTHER (State or Country) Perregularia.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
(Informant) Milurela Sutor  (Address) Hallrace. n.d.	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Augel Philesus Mel. 21 19-20.
Filed Max. 1, 1980 Chas J. Foly. M. D. Registrar	Levengtonton Holekrace.
If more blanks are needed, address State Registrar	, 16 W. Saratoga St. Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Nervant, Cook, Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (h) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Physicium, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocworked on may form part of the second statement. or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the Discease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros had fever (the only definite synonym is "Epidemic cerebros spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e. g., scpsis, (Recommendations on statement of cause of approved by Committee on Nomenchiture of the telanus) may be stated under the head of "contributory." American Medical Association.) carbolic acid-probably suicide. The n ture of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicucmia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Astlienia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; I'visoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi (name origin; "Cancer" is less definite; avoid cough; or intercurrent) affection need not be Chronic Example: Measles (disease valvular heart discase, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.